

Evidence Packet for Heightened Scrutiny Review Noble, Inc

Setting Name/Address: Noble Inc., ~~XXXXXXXXXXXXXXX~~, Richmond, IN 47374

Type of setting: Provider Owned, Controlled, or Operated (POCO) Non-Residential Setting

Prong 2: The setting is located in a building on the grounds of, or immediately adjacent to a public institution. Noble Inc. is a provider owned, controlled, or operated (POCO) non-residential setting located at ~~XXXXXXXXXXXXXXX~~, Richmond, IN 47374 which is located on the grounds of Richmond State Hospital. Noble Inc. was assessed by the Bureau of Developmental Disabilities Services (BDDS) and determined a presumption of institutionalism. However, BDDS will show that Noble Inc. (1) overcomes the presumption of institutionalism, and (2) is compliant with the Centers for Medicare and Medicaid Services (CMS) HCBS Settings Final Rule.

Based on this evidence, BDDS concludes that Noble Inc. is a community-based setting and is therefore an eligible setting for delivery of HCBS.

The compliance determinations and evidence included in this packet are based on a comprehensive assessment of the setting, including:

1. Provider agency self-assessment of the setting
2. BDDS preliminary screening for qualities of an institution
3. BDDS site visit completed to verify the settings compliance with the HCBS Final Rule
4. BDDS review of applicable provider agency and setting operating policies and procedures

I. Overcoming the Presumption of Institutionalism

Under 42 CFR 441.710(a)(2)(v), the CMS HCBS Settings Final Rule (the “Final Rule”) states, “[A]ny setting that is located in a building on the grounds of, or immediately adjacent to a public institution. . .” results in a presumption of institutionalism. This presumption may be overcome by presenting evidence demonstrating that there is a meaningful distinction between the HCBS setting and the institutional based facility and the community-based setting such that the latter is integrated in and supports full access of individuals receiving HCBS to the greater community.

In March 2019, the BDDS assessed Noble Inc. for compliance through an on-site visit that included a setting tour and observation of daily operations at the setting.

During this site visit, the BDDS confirmed that the majority of services are provided in the community, but the setting was located on the grounds of a state institution which leads to a presumption of institutionalism. Despite this initial presumption, BDDS is confident that the services provided at the setting are integrated in and support full access of individuals receiving HCBS to the greater community.

Evidence Overcoming the Presumption of Institutionalism

A. Noble Inc. overcomes the presumption of institutionalism in that the setting supports full access of individuals to the greater community, as evidenced by:

1. The setting is in the community among other private residences, retail businesses, restaurants, churches, libraries, recreational facilities, and other community resources.
2. Individuals receiving services at the setting are engaged in community life activities of their choosing outside the setting.
3. The setting is selected by the individual from among setting options, including non-disability specific settings.

B. The setting provides greenspace as well as small office space that serves as a “passthrough” for community services. Noble Inc. overcomes the presumption of institutionalism in that the setting and the institution are not operationally related, as evidenced by:

1. The setting is in a separate building on the outer grounds of the institution. (Attachment A, D)
2. There is no relationship between Noble Inc. and the institution other than a lease. (Attachment A, C)
3. The services and staff are distinct from the institution. (Attachment A, B)

Based on these characteristics, the presumption of institutionalism is overcome.

II. Evidence that the Setting Is Fully Compliant with Requirements of HCBS Settings Final Rule

Noble Inc. was initially assessed for compliance with the requirements of the CMS HCBS Settings Final Rule, using a combination of provider self-assessment and a desk review. BDDS then conducted an in-person site visit to Noble Inc. in March 2019 to further assess compliance with the Final Rule and gather evidence that the setting should be considered community-based.

The compilation of information determined the site as compliant with the requirements of the CMS HCBS Settings Final Rule for non-residential settings. The following describes how Noble Inc. meets the HCBS requirements for non-residential settings.

Features of Noble Inc. that support compliance with the requirements of the Final Rule

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
 - The setting affords opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth.
 - The setting is among other residences or commercial businesses
 - There are no onsite medical, behavioral, or therapeutic services provided.

- The setting provides opportunities for regular meaningful non-work activities in integrated community settings. Activities are conducted in the community and based on individual preference. The setting itself is more of a ‘hub’ for services to begin.
- No barriers were observed that would prevent movement in or outside of the building.

2. The setting is selected by the individual from among setting options, including non-disability specific settings. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs and preferences.

- The setting reflects individual needs and preferences, and its policies ensure the informed choice of an individual.
- The setting offers the opportunity for an individual to choose to combine more than one service delivery setting or type of HCBS. Individuals have full choice as to what services they will receive (including HCBS), who will provide those services, and where those services are provided.

3. The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint.

- All information about individuals is kept private. Noble inc. has a privacy/HIPAA policy applicable to all staff which extends to electronic medical records, and areas with confidential and protected health information are kept locked.
- Noble Inc. has a policy prohibiting the use of restraints and/or restrictive interventions.
- Noble Inc. policy ensures that supports and plans to address needs are specific to the individual and are not restrictive to the rights of other individuals receiving services at the setting.

4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact.

- There were no barriers observed.
- Individuals receiving services at Noble Inc. are free to choose with whom to do activities in the setting or outside the setting and are never assigned only to be with a certain group of people.
- There are no restrictions on eating or drinking while inside the setting. Individuals can determine when/where they eat.
- The setting affords opportunities for tasks and activities that match the age, skills, abilities, desires, and goals of an individual. All services are individualized and based on the Person-Centered Planning Process.
- Individuals receiving Medicaid-funded services and supports may engage in activities in the same manner as individuals who are not receiving Medicaid-funded services and supports.

5. The setting facilitates individual choice regarding services and supports, and who provides them.

- Individuals are provided a choice regarding the services, provider, and settings and the opportunity to visit/understand the options and affords individuals the opportunity to regularly and periodically update or change their service and support preferences.
- Noble Inc. policies ensure that individuals are supported in developing person-centered plans to support their individual needs and preferences, including how to make a request for additional HCBS, or changes to their current HCBS.

Based on the above characteristics, Noble Inc. is compliant with the requirements of the CMS HCBS Settings Final Rule.

III. Conclusion

Noble Inc. overcomes the presumption of institutionalism by maintaining an operational distinction between the community-based services of the setting and the institutional area of the setting, and by being integrated in and supporting full access of individuals receiving Medicaid HCBS in the greater community. Noble Inc. is also compliant with the requirements for non-residential settings specified in the CMS HCBS Settings Final Rule. By meeting these two requirements, Noble Inc. meets all regulatory requirements and should be deemed a community-based setting.

IV. Supporting Documents

Attachment A- HCBS Final Rule Onsite Assessment Tool – Non-Residential

Attachment B- Provider Self-Assessment

Attachment C – Lease Information

Attachment D- Maps and Layouts (Redacted for Privacy)

Attachment E- Letter to Noble Inc.

**Indiana Family and Social Services Administration
 Division of Disability and Rehabilitative Services - DDRS
 HCBS Final Rule Onsite Assessment Tool – Non-Residential**

Visit Information

Date of assessment	3/28/19
Start time of assessment	10:00 am
Assessor name	Natasha Howard, Geena Lawrence

General Provider Information

Provider name	Noble, Inc.		
Project-assigned provider ID			
Provider address	XXXXXXXXXXXXXXXXXXXX Richmond, IN 47374		
Provider contact	Danny Bray 1-765-914-838		
Number of waiver clients served			
Overall site capacity			
Services provided	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Facility Based Habilitation <input checked="" type="checkbox"/> Community Based Habilitation <input checked="" type="checkbox"/> Adult Day Services <input checked="" type="checkbox"/> Prevocational Services <input checked="" type="checkbox"/> Recreational Therapy <input type="checkbox"/> Group Therapy </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Occupational Therapy <input checked="" type="checkbox"/> Physical Therapy <input checked="" type="checkbox"/> Music Therapy <input checked="" type="checkbox"/> Extended Services <input type="checkbox"/> Individual Therapy </td> </tr> </table>	<input checked="" type="checkbox"/> Facility Based Habilitation <input checked="" type="checkbox"/> Community Based Habilitation <input checked="" type="checkbox"/> Adult Day Services <input checked="" type="checkbox"/> Prevocational Services <input checked="" type="checkbox"/> Recreational Therapy <input type="checkbox"/> Group Therapy	<input type="checkbox"/> Occupational Therapy <input checked="" type="checkbox"/> Physical Therapy <input checked="" type="checkbox"/> Music Therapy <input checked="" type="checkbox"/> Extended Services <input type="checkbox"/> Individual Therapy
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HCBS Compliance

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
1-A	The setting is integrated in and supports full access to the greater community	Is the site in a community among other residences or commercial businesses (retail, residential neighborhood, commercial, industrial, other)?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	There are residences close by. While this location is on the grounds of RSH, the majority of services take place in the community.
1-B	The setting is integrated in and supports full access to the greater community	Does the site support both facility habilitation AND community habilitation?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	The setting does support both. The setting has one individual who utilized minimal facility habilitation in the past year. All other services are community habilitation
1-C	The setting is integrated in and supports full access to the greater community	Is the site located in or adjacent to a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (NF, ICF/IID, IMD, hospital)?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	The setting is located on the campus of Richmond State Hospital.
1-D	The setting is integrated in and supports full access to the greater community	Does the site(s) provide onsite medical (office setting, a medical complex wellness center), behavioral, or therapeutic services?	<input type="checkbox"/> Yes	x <input type="checkbox"/> No	There are no onsite medical, behavioral or therapeutic services provided.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
1-E	The setting is integrated in and supports full access to the greater community	Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the amount of time desired by consumers?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Services provided in the community one on one and in small group outings. Activities are determined by the client.
1-F	The setting is integrated in and supports full access to the greater community	Do the individuals served in this setting regularly interact (4 times or more per week) with members of the community (not staff or volunteers)?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Participants are interacting daily with the community.
1-G	The setting is integrated in and supports full access to the greater community	Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Individuals determined what the activities will be for the day based on their needs, desires, and the PCISP.
1-H	The setting is integrated in and supports full access to the greater community	Does the setting allow individuals the freedom to move about the setting, including the freedom to go outside as they chose?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	No barriers were observed that would prevent movement in or outside of the building.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
1-I	The setting is integrated in and supports full access to the greater community	Does the setting allow individuals the freedom to move about based on the individuals identified needs ?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	No barriers were observed that would prevent movement in or outside of the building.
1-J	The setting is integrated in and supports full access to the greater community	Is public transportation available to/from the setting?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	The setting is located on a bus route.
1-K	The setting is integrated in and supports full access to the greater community	Is information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Information is presented to individuals and discussed during planning meetings.
1-L	The setting is integrated in and supports full access to the greater community	Are resources other than public transportation available for individuals to access the setting?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Most transportation is provided by staff, but other options such as the bus, or family transport is available.
1-M	The setting is integrated in and supports full access to the greater community	Does the setting assure that tasks and activities, both inside and outside the setting, are comparable to tasks and activities for people of similar ages?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities are conducted in the community and based on individual preference. The setting itself is more of a 'hub' for services to begin.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
2-A	The setting is selected by the individual from among setting options	Does the setting provide individuals with flexibility in their schedule?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Individuals can be flexible based on their needs or wants for the day.
2-B	The setting is selected by the individual from among setting options	Are individuals given flexibility in when they take breaks/lunch times?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	There are no designated break/lunch times. Individuals may bring lunch and store it in the building and come back for lunch if they are not eating in the community.
2-C	The setting is selected by the individual from among setting options	Are activities adapted to individuals' needs and preferences?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities are discussed and led by the individuals.
3-A	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting have policies to ensure all information about individuals is kept private/confidential?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Locked filing cabinet with bottom drawer available for clients to store personal belongings, if so desired.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
3-B	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Is personal care assistance, when needed, provided in private?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	There are bathrooms and other rooms available for private personal care.
3-C	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting have policies to ensure staff interacts and communicates with people respectfully and in a manner in which the person would like to be addressed at all times?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-D	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting/service provide the opportunity for all individuals to have the space in order to speak on the telephone, open and read mail, and visit with others in private?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	There are rooms available to conduct matters in private if needed.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
3-E	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting policy ensure response to each individual's needs as defined in their individual service plan?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-F	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure that one person's behavior supports do not impede on the rights of other individuals?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-G	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting offer a secure place for the individual to store personal belongings?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	If someone chooses to leave items at the building, they can be stored in the office.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
4-A	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting have any of the following barriers preventing individuals' movement? -Gates -Locked doors -Fences -Other (please specify under Evidence for Observation)	<input type="checkbox"/> Yes	x <input type="checkbox"/> No	There were no barriers observed.
4-B	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting offer any options for the consumers to meet physical environment goals and needs? -indoor gathering space -outdoor gathering space -large group activity space -small group activity space -private space -area for calming activities -area for stimulating activities	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	There was space both in and out of the building that meet physical environment goals.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
4-C	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting afford the opportunity for tasks and activities that match to the following attributes for individuals? -age -skills -abilities -desires/goals	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	All services are individualized and based on the PCISP.
4-D	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Is the setting physically accessible, including access to bathrooms and break rooms?	<input type="checkbox"/> Yes	x <input type="checkbox"/> No	The bathrooms did not appear to be physically accessible for a wheel chair.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
4-E	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting provide for an alternative meal and/or private dining if requested by the individual?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Individuals can determined when/where they eat.
4-F	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Do the individuals have access to food at any time consistent with individuals in similar and/or the same setting?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Individuals do have access to food at any time consistent with individuals in similar settings.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
4-G	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting allow individuals to choose with whom they spend their time while at the setting?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	This setting is more of a hub while services are provided in the community. The individual determines what their day looks like and whom they will spend their time with.
4-H	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting support individuals to do the following? -Make decisions -Move about the community -Associate with others -Practice their religion -Access their money -Make personal decisions -Vote	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
5-A	The setting facilitates individual choice regarding services and supports, and who provides them.	Are individuals provided a choice regarding the setting they participate in when they sign their Individual Service Plan?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	The individuals choose their daily activities and the provider works with goals identified through the PCISP.
5-B	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting allow individuals to choose which of the setting's employees provide his/her services? Example: An individual requests that all personal care services for her be conducted by female employees. Is that individual's request met?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Most services are delivered one on one. They could request a staffing change if needed.
5-C	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting allow prospective individuals the opportunity to tour the setting?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	Potential clients are encouraged to tour the program.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
5-D	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting afford individuals the opportunity to regularly and periodically update or change their work/daily activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Individuals can change daily activities.
5-E	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting have person-centered policies to ensure individuals are supported in developing setting-specific plans to support his/her needs and preferences?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The provider stated they ask the individuals what they want to do and incorporate the PCISP into goals.
5-F	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Provider stated staff have access to the PCISP and that they are a person centered program taking into account the wants of the individual.
5-G	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting provide information to individuals about how to make a request for additional services, or changes to their setting-specific plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The provider stated they go over how to make changes during annual meetings and upon intake.

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
6-A	Additional Information	Do all staff (paid and unpaid) receive new hire training related to company policies?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-B	Additional Information	Do all staff (paid and unpaid) receive continued education related to company policies?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-C	Additional Information	Are company policies regularly reassessed for compliance and effectiveness, and amended as necessary?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-D	Additional Information	Does the setting have documentation indicative of staff's adherence to policies, such as training documentation and sign-in sheets for relevant activities?	x <input type="checkbox"/> Yes	<input type="checkbox"/> No	

Did you observe anything while onsite that should be noted for the Indiana DDRS that could not be captured in the parameters above concerning compliance with the federal Medicaid regulations? These could include, but not limited to, obvious unmet needs of individuals or indications from an individual that they did not receive an option of settings or services.

There were no clients to observe as they were all in the community. Upon arrival one client and staff arrived and left shortly thereafter. The site also supports VR services via Pre-ETS program and coordinates community employment options.

IN FSSA DDRS Non-Residential Self-Assessment

IN FSSA DDRS Non-Residential Self-Assessment

Response ID:206 Data

1. Day Services Settings Questions – for Providers of Adult Day, Pre-Vocational, Community Habilitation, Facility Habilitation

BACKGROUND:

In March 2014, the Centers for Medicare and Medicaid Services (CMS) implemented a **final rule** related to Home and Community Based Settings. This final rule requires that states assess all residential and non-residential settings which receive funding or payment through an approved home and community-based services (HCBS) waiver. The purpose of the final rule is to ensure that individuals receiving services are provided personal choice and control over the services in which they participate. The goal is to provide individuals the opportunity to control personal resources and achieve integration into their local community in the manner, and to the degree, which the individual chooses. This includes opportunities to seek employment, work in competitive and integrated settings, engage in community life, control personal resources and receive services in the community to the same degree as people who do not receive HCBS.

CMS is requiring states to develop a Transition Plan that describes the process for bringing all HCBS settings into compliance with the rule no later than March 17, 2019. As part of the Transition Plan, Division of Disability and Rehabilitative Services (DDRS) must assess each HCBS setting in order to determine compliance. DDRS has chosen a self-assessment for non-residential service providers. This self-assessment will assist in identifying potential areas of non-compliance and allow the provider to develop a transition plan outlining how they plan to achieve full compliance by 2018.

It is important to note that the desire of this self-assessment is not to close or terminate day services but instead, to work with members, providers, and other stakeholders to transition these waiver services to meet compliance with the CMS final rule and the vision of ensuring members are fully integrated into the community, afforded choice, and have their health and safety needs met.

Many individuals participate in non-residential services through waivers operated by DDRS. In order to continue receiving waiver funding, these sites must be considered “home and community-based” as defined in federal regulations under 42 CFR 440.180. This means the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community - including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS (ensuring people in the HCBS programs have the same opportunities as anyone else).

DEFINITIONS:

For the purposes of the self-assessment:

‘Services’ refers to the array of services a member may receive, including adult day services, case management, prevocational services, respite, and individual/group community-based habilitation. Note: this list is not all-inclusive of services available under the waiver

‘Setting’ refers to the general location of where the member may receive services, such as in the home, in the community, or in a facility

'Site' refers to the physical location/specific address where the service is delivered

INSTRUCTIONS:

You Are a Day Service Provider

You have been identified as a current provider of BDDS waiver-funded HCBS day program services under the Division of Disability and Rehabilitation Services (DDRS). Indiana is currently assessing these day services (Facility Based Habilitation, Community Based Habilitation, Adult Day Services, Prevocational Services) as required by the HCBS final rule and as established in Indiana's Statewide Transition Plan.

You Are Required to Respond

DUE DATE:

Your responses to this self-assessment are due by October 13, 2016.

This self-assessment is one component of the HCBS compliance determination process. DDRS will review your responses and provide feedback to you identifying any areas in need of a transition plan by December 30, 2016.

COMPLIANCE:

This survey self-assessment will assist DDRS with determining site specific compliance with the HCBS final rule.

NON-COMPLIANCE:

For areas identified as non-compliant, DDRS will work with your agency to develop a plan to support the effective transition of the site to become HCBS compliant by July of 2018. This timeframe is to provide necessary time and planning for the providers to demonstrate compliance, and ensure minimal interruption in service delivery to individuals being supported by an HCBS waiver service.

All Agency Day Service Site(s) Must Be Included

Each site must be self-assessed by 10/13/2016. Sites that are not reported by this date, that are not confirmed compliant by DDRS, and that do not have accompanying documentation will be deemed non-compliant and will be subject to immediately meeting HCBS final rule compliance. Therefore, it is absolutely critical for providers to respond to the survey realistically, and accurately. Site information will be verified, and in some cases an on-site visit will be scheduled to confirm the self-assessment responses.

For assistance related to the Day Service Self-Assessment, please email questions to inbdds@pcgus.com.

EXAMPLES:

Each provider could be part of multiple settings and could have multiple sites related to each setting. In order to gather the necessary information from you in this self-assessment, we ask that you complete this self-assessment for each set of company policies/procedures that establish the rules of conduct within your organization's settings and sites. For example, Provider Smith has determined they have 2 settings and 5 sites. Sites 1-4 operate under Provider Smith company-policy-A, but site 5 operates under Provider Smith Company-Policy-B. Provider Smith will complete this self-assessment two times; once responding to the questions given policy A and once responding to the questions given policy B.

For example: Provider Smith provides Community Based Habilitation, Facility Based Day, and Pre-Vocational services under the waiver. There are two physical buildings and three hubs. The

physical buildings provide Facility Based Day services in one building and Pre-Vocational services in another building that is it a sheltered work shop. The hubs are where the individuals utilizing Community Based Habilitation meet prior to going into the community. While Provider Smith may have overarching policies in place, each site that services are delivered in must be assessed for compliance. For this example, Provider Smith has 5 sites total. The facilities that provide Facility Based Day and Pre-Vocational services as well as the three addresses of the hubs. Regardless of the services provided at the site, the site itself must be assessed for compliance with the final rule.

Provider Smith has separate policies in place that address Facility Based Day services and Pre-Vocational services so they will complete one survey for those settings and list the two sites that are governed by those policies. Their Community Based Habilitation operates under a different set of policies, so a separate survey must be completed with the three sites listed.

Survey 1

Provider Smith	Facility Based Day site	Pre-Vocational site
	123 S. Vine St	123 S. Vine St

Survey 2

Provider Smith	Community Based	Community Based	Community Based
	Hub site 1	Hub site 2	Hub site 3
	123 1st St	456 2nd St	789 3rd St

Another example would be Provider Jones provides Facility Based Day services in three different physical locations as well as Community Based Habilitation operating out of the same locations. All operate under the same polices. Provider Jones would complete one survey, listing out each site.

Provider	Facility Based Day/	Facility Based Day/	Facility Based Day/
Jones	Community Based	Community Based	Community Based
	habilitation site 1	habilitation site 2	habilitation site 3
	123 B Street	456 C Street	789 D Street

NEXT STEPS:

This self-assessment will identify sites that would benefit from an in-person evaluation to allow DDRS to provide additional guidance/feedback as to how the provider can achieve full compliance with the HCBS final rule. At the time of the on-site assessment, providers must be prepared to provide evidence to the assessor to support the information provided in the self-assessment. Providers must be able to provide evidence at the time of an onsite assessment to support the responses on this self-assessment. Evidence includes, but is not limited to:

1. Provider policies/procedures:

Service descriptions – and how services are planned for each individual (ISP/PCP)

Participant Rights Policies

Any policies/procedures that address choice

Any Policies/procedures that address community integration and community access

Any policies/procedures that address restrictions, risk plans, etc.

2. Participant handbook

3. Staff training curriculum specific to rights, consumer choice, ISP implementation, and Person Centered Planning

4. Training schedule

2. Section A - Provider Information

1. Contact information for the individual completing this survey:

Name : Colleen Whitaker

Title : Director of Safety, Risk Mgt. and Compliance

Phone number : 317-375-2712

Email address : C.Whitaker@mynoblelife.org

2. Provider/Company Information

Corporate Name : Noble, Inc.

Mailing Contact Name : Colleen Whitaker

Mailing Street Address : ~~XXXXXXXXXXXX~~

Mailing City : Indianapolis

Mailing State : Indiana

Mailing Zip Code : 46219

3. What waiver services do you provide? Please select all that apply.

Facility Based Hab

Community Based Hab

Adult Day Services

Prevocational Services

Physical Therapy

Music Therapy

Extended Services

Recreation Therapy

4. Please identify where these services are performed. Please select all that apply.

In a facility that serves individuals with disabilities

Location within the community (Please explain): CHIO 100% in community/MUTH and RETH in both community and facility

5. Do you have a site that supports both facility habilitation AND community habilitation?

Yes

6. Please provide the requested contact information for each site that you are including in this self-assessment.

If you are including more than 4 sites in this self-assessment, you will be given opportunity to provide additional site contact information in the following question.

	Site 1	Site 2	Site 3	Site 4
Site Name:	Noble East	Noble Business Enterprises	Noble-Richmond	Noble- Broad Rippl
Site Street Address:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Site City:	Indianapolis	Indianapolis	Richmond	Indianapolis
Site Zip:	46219	46222	47374	46220
Site Contact Name:	Chad Linn	Erin Hardwick	Danny Bray	Tim White
Site Contact Phone:	317-375-2728	317-375-2703	317-264-1527	317-375-4257
Site Contact Email:	c.linn@mynoblelife.org	e.hardwick@mynoblelife.org	d.bray@mynoblelife.org	t.white@mynoblelife.c

7. Are you including more than four sites in this self-assessment response?

Yes

8. Please provide the requested contact information for each site, in addition to the 4 that you provided in the previous question, that you are including in this self-assessment.

	Site 5	Site 6	Site 7	Site 8
Site Name:	Lafayette Landing at Kessler	Second Presbyterian Church	E.91st Christian Church	Allisonville Christian Church
Site Street Address:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Site City:	Indianapolis	Indianapolis	Indianapolis	Indianapolis
Site Zip:	46222	46260	46250	46250
Site Contact Name:	Chad Linn	Chad Linn	Chad Linn	Danny Bray
Site Contact Phone:	317--375-2728	317-375-2728	317-375-2728	317-264-1527
Site Contact Email:	c.linn@mynoblelife.org	c.linn@mynoblelife.org	c.linn@mynoblelife.org	d.bray@mynoblelife.org

9. Which funding sources are used by your agency? Select all that apply.

- CIH
- FSW
- TBI Waiver
- Private Pay
- State Line Item
- Other: VR;Grant Support; Contract Funding

3. Section B - Self Assessment

10. Are any of your sites co-located or adjacent to any of the following? Check all that apply.

- Hospital
- My program is not co-located or adjacent to any of the above.

11. Who is served in your setting(s)? Your response should reflect only the sites included in this self-assessment. Please provide percentages. Your responses should sum to 100%.

% with Developmental Disability : 100%

12. How many consumers served in your setting(s) are within each of the age ranges listed below? Your response should reflect only the sites included in this self-assessment.

Age 0-18 : 129

Age 19-35 : 275

Age 36-60 : 283

Age 61+ : 56

13. How many individuals meet the following conditions? If an individual meets more than one condition, please include him/her in all applicable counts. Your response should reflect only the sites included in this self-assessment.

Number of individuals on pathway to employment who receive pre-vocational services and are paid under a DOL 14C certificate : 159

Number of individuals working in the community but spending non-work time at the program, setting or site (facility habilitation) : 1

Number of individuals working on skill development (not working in a community setting) : 337

14. Does the site(s) provide onsite medical (office setting, a medical complex wellness center), behavioral, or therapeutic services? Your response should reflect only the sites included in this self-assessment.

Yes

15. Which of the following best describe the physical location of the site(s)? Your response should reflect only the sites included in this self-assessment. Check all that apply.

Residential Neighborhood

Industrial

4. Section C

16. Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the amount of time desired by consumers? *Examples of meaningful non-work activities can include socialization, volunteering through work or work outings. These activities should be the same types of activities that individuals not receiving Medicaid HCBS may participate in.*

Yes

17. Do the individuals served in this setting regularly interact (4 times or more per week) with members of the community (not staff or volunteers)?

No

18. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?

Yes

19. Does the setting allow individuals the freedom to move about the setting, including the freedom to go outside as they chose?

Yes

20. Does the setting allow individuals the freedom to move about based on the individuals identified needs?

Yes

21. Is public transportation available to/from the setting?

Yes

If public transportation is not available, are there other resources available for individuals to access the setting/service?

22. Is information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings?

Yes

23. Are resources other than public transportation available for individuals to access the setting?

Yes

24. Does the setting assure that tasks and activities, both inside and outside the setting, are comparable to tasks and activities for people of similar ages?

Yes

25. Does the program include any of the below? If the Activity is offered, check the "Offered? Check if Yes" box for that Activity. Check the remaining boxes in that row only if the column applies to that Activity.

	Offered? Check if Yes	Disability specific program	Offered to the general community	Provided to only an individual
Access to post-secondary education				
Activism/advocacy	X	X		
Adult education				
Arts/crafts	X	X		
Cultural/diversity events	X	X		
Daily living skill development	X	X		
Employment - minimum wage	X	X		
Employment - above minimum wage	X	X		
Enclave - minimum wage	X	X		
Enclave - above minimum wage	X	X		
General exercise	X	X		
Going out to eat	X	X		
Job skill development	X	X		
Money management	X	X		
Post office/community offices				
Public transportation				
Religious events/activities				
Sewing/knitting	X	X		
Shopping and commercial transactions	X	X		
Singing/choir	X	X		X
Social skill development	X	X		
Sporting events	X	X		
Theatre				
Volunteering	X	X		X
Work preparation	X	X		

5. Section D

26. Does the setting provide individuals with flexibility in their schedule?

Yes

27. Are individuals given flexibility in when they take breaks/lunch times?

Yes

28. Are activities adapted to individuals' needs and preferences?

Yes

6. Section E

29. Does the setting have policies to ensure all information about individuals is kept private/confidential?

Yes

30. Is personal care assistance, when needed, provided in private?

Yes

31. Does the setting have policies to ensure staff interacts and communicates with people respectfully and in a manner in which the person would like to be addressed at all times?

Yes

32. Does the setting/service provide the opportunity for all individuals to have the space in order to speak on the telephone, open and read mail, and visit with others in private?

Yes

33. Does the setting policy ensure response to each individual's needs as defined in their individual service plan?

Yes

34. Does the setting ensure that one person's behavior supports do not impede on the rights of other individuals?

No

35. Does the setting offer a secure place for the individual to store personal belongings?

Yes

7. Section F

36. Does the setting have any of the following barriers preventing individuals' movement? Check all that apply.

Gates

Locked Doors

If there are restrictions in place, please explain.

37. Does the setting offer any of the following options for the consumers to meet physical environment goals and needs? Check all that apply.

Indoor gathering space

Outdoor gathering space

Large group activity space

Small group activity space

Private space

Area for calming activities

Area for stimulating activities

38. Does the setting afford the opportunity for tasks and activities that match to the following attributes for individuals: (check all that apply)

Age

Skills

Abilities

Desires/Goals

39. Is the setting physically accessible, including access to bathrooms and break rooms?

Yes

40. Does the setting provide for an alternative meal and/or private dining if requested by the individual?

No

41. Do people have access to food at any time consistent with individuals in similar and/or the same setting?

No

42. Does the setting allow people to choose with whom they spend their time while at the setting?

Yes

43. Does the setting support individuals to do the following? (check all that apply)

Make decisions

Vote

Move about the community

Associate with others

Practice their religion

Access their money

Make personal decisions

8. Section G

44. Are individuals provided a choice regarding the setting they participate in when they sign their Individual Service Plan?

Yes

45. Does the setting allow individuals to choose which of the setting's employees provide his/her services?

Example: An individual requests that all personal care services for her be conducted by female employees. Is that individual's request met?

Yes

46. Does the setting allow prospective individuals the opportunity to tour the setting?

Yes

47. Does the setting afford individuals the opportunity to regularly and periodically update or change their work/daily activities?

Yes

48. Does the setting have person-centered policies to ensure individuals are supported in developing setting-specific plans to support his/her needs and preferences?

Yes

49. Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people?

Yes

50. Does the setting provide information to individuals about how to make a request for additional services, or changes to their setting-specific plans?

Yes

9. Section H

51. Do all staff (paid and unpaid) receive new hire training related to company policies?

Yes

52. Do all staff (paid and unpaid) receive continued education related to company policies?

Yes

53. Are company policies regularly reassessed for compliance and effectiveness, and amended as necessary?

Yes

54. Does the setting have documentation indicative of staff's adherence to policies, such as training documentation and sign-in sheets for relevant activities?

Yes

10. Additional Comments

55. Additional comments:

Response to Question #:

5. CHIO takes 22 ind. from Site 1 on a regular basis.

10. Site 3 is located on the grounds of Richmond State Hospital. However, services there are 100% in the community.

11. Number determined by ind. primary diagnosis.

14. Behavioral, MUTH, and RETH sometimes provided at Sites 1,2,5,6,7

16. CHIO, Sites 3,5,6,7,8 all yes. FHG (Site 1) does not provide services in an integrated community setting, however individuals receiving FHG have the option of receiving CHIO services from that site. All efforts are made at meetings for the individuals to offer CHIO and also activities that are community based. Volunteer activities are also offered.
17. Budgets for individuals in settings do not support 4x per week in community.
18. Individuals can choose to receive MUTH, RETH, and CHIO during their day. They can also choose when they attend, how often, etc.
19. Overall yes, individuals have the freedom to move about setting. Some may possibly have limited movement due to behavioral/safety needs identified in BSPs, HRP, ISPs.
20. See #19.
24. Activities are adapted towards individual needs, level of ability, and physical limitations.
26. Individuals choose schedule including the times and days requested.
27. At sites there are scheduled lunch times, however accommodations for timing are made as requested.
34. All attempts are made to provide supports in a manner that does not infringe on the rights of others but may not always be guaranteed based on the issue at hand. One ex. would be at Site 1 refrigerators are locked due to behavioral concerns of some ind. which limits access for others without safety concerns.
35. Yes, at individual's request.
36. ADS program is separated (per regs) from rest of building by 2 locked doors. Staff have keys and doors are not locked from inside of room (allowing for exiting). Gates are in garden area at Site 1 are unlocked during the day time. Doors to Administrative Office at Site 1 are locked. Staff have access to this area. Individuals are allowed in with assistance.
40. Individuals bring their own lunch to all services except ADS. ADS provides lunch, if an individual requests an alternative, attempts are made to meet the request. Private dining allowances are made if requested with provisions for dining/choking risks.
41. Vending machines are available at some of the sites, individuals bring their own lunch/snacks. Lunch boxes are locked up at site 1 to prevent other individuals from accessing the food. (see #34 example).
42. Yes, within reason, determined by HRP and BSP.
49. All staff are trained in individual specific information (Interests, capabilities, etc.) when the individual begins a service and as updated.

11. Thank You!

Thank you for taking our survey. Your response is very important to us.

Noble currently rents a total of 2,535 sq. ft. (Two buildings - see pictures) for a total of \$465.23 per month. This site allows for green space as well as small office space that serves as a "pass through" for CHIO and employment services. Although on the site of the former Richmond State Hospital, there are many business/offices that rent as well as serve the community. (See picture of various businesses). Current leases are included in this packet.

Previous building rent was 426 sq. ft. at a cost of \$425 per month. This property was in a location that did not allow for accessing the community and was not user friendly by staff/individuals/ families.

Nobles does make efforts to investigate other sites at affordable costs that are user friendly prior to signing a new lease agreement each year.



EXECUTIVE DOCUMENT SUMMARY

Instructions for completing EDS are included in the process.

RECEIVED

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

DEC 31 2019

IDOA CONTRACTS

1. EDS Number: F1-8-FSSA/DMHA-563	2. Date prepared: 12.20.2019 JKS
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3. CONTRACTS & LEASES	
<input type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input type="checkbox"/> Amendment # _____
<input type="checkbox"/> MOU	<input checked="" type="checkbox"/> Renewal # 2
<input type="checkbox"/> QPA	<input type="checkbox"/> Other _____

FISCAL INFORMATION	
4. Account Number: 12820-F5510-590110	5. Account Name: MENTAL HEALTH DIVISION
6. Total amount this action: \$2,785.87	7. New contract total: \$2,785.87
8. Revenue generated this action:	9. Revenue generated total contract:

10. New total amount for each fiscal year:	
Year 2020 \$ 1,392.96	Year _____ \$ _____
Year 2021 \$ 1,392.96	Year _____ \$ _____
Year _____ \$ _____	Year _____ \$ _____
Year _____ \$ _____	Year _____ \$ _____
Year _____ \$ _____	Year _____ \$ _____

TIME PERIOD COVERED IN THIS EDS	
11. From (month, day, year): 1.1.2020	12. To (month, day, year): 12.31.2020
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input checked="" type="checkbox"/> Negotiated
<input type="checkbox"/> RFP # _____	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Special Procurement
	<input type="checkbox"/> Other (specify) _____

AGENCY INFORMATION	
14. Name of agency: FSSA Mental Health & Addiction	15. Requisition Number:
16. Address: FSSA, DMH, Dept. of Mental Health and Addiction 402 West Washington Street, Room W353 Indianapolis, Indiana 46204	

AGENCY CONTACT INFORMATION	
17. Name: Nicole Nash	18. Telephone #: 317.232.4519
19. E-mail address: nicole.nash@fssa.in.gov	

COURIER INFORMATION	
20. Name: After Scanning Return To IDOA	21. Telephone #: Steve 234.4724
22. E-mail address: sharless@idoa.in.gov	

VENDOR INFORMATION	
23. Vendor ID Number: 0000194277	
24. Name: Richmond State Hospital	25. Telephone #: 765.935.921
26. Address: XXXXXXXXXXXXXXXXXXXX Richmond, Indiana 47374	

27. E-mail address: debbie.lanman@fssa.in.gov	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

29. Primary Vendor: M/WBE/IN-Veteran	30. Primary Vendor Percentages:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

31. Sub Vendor: M/WBE/IN-Veteran	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IN-Veteran: _____ %

33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

35. Will the attached document involve data processing or telecommunications systems(s)? Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
I.C. 12-9-2-3

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) N
This is a one (1) year revenue generating Lease Renewal for 1,265 square feet of space for Noble of Indiana, located at 498 North West 18th Street, Building 209, Richmond State Hospital
Monthly: \$ 232.16 Annual: \$2,785.92 Out Clause: 30 Days

38. Justification of vendor selection and determination of price reasonableness:
RECEIVED JAN 08 2020
OAG-ADVISORY JAN 03 2020

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)
SBA ACCOUNTING

40. Agency fiscal officer or representative approval 	41. Date Approved 12/30/19	42. Budget agency approval 	43. Date Approved 1/7/2020
44. Attorney General's Office approval 	45. Date Approved 1/14/2020	46. Agency representative receiving from AG	47. Date Approved

Lease Renewal 2 and Second Amendment
Richmond State Hospital
F1-8-FSSA/DMHA-563

Pursuant to IC 5-22-17-4 and the terms of the Lease, between Indiana Family and Social Services Administration, Division of Mental Health and Addiction and the State of Indiana, acting by and through the Department of Administration (hereinafter referred to as "Landlord"), exercises its option to renew this Lease with Noble of Indiana (hereinafter referred to as "Tenant") under the same terms and conditions of the original Lease dated February 1, 2018. The renewal term shall commence on January 1, 2020 and shall terminate on December 31, 2020.

Said Lease concerns approximately 1,265 square feet of space commonly known as ~~XXXXXX~~ ~~XXXXXXXXXX~~, in the City of Richmond, County of Wayne, State of Indiana 47374 (the "Leased Premises").

The total agreed rent for the enter term of this Lease Renewal shall not exceed \$2,785.87, payable in equal consecutive monthly installments of \$232.16. Rent calculation is based on a per square foot utility cost at Richmond State Hospital.

This notice complies with Section four (4) of the Lease and causes this Lease to be renewed.

AMENDMENT OF SECTION 2: TERM OF LEASE

Section 2 shall be amended as follows:

- A. This Lease shall be effective for a period of one (1) year commencing on the 1st day of January, 2020 and ending on the 31st day of December, 2020.
- B. The Tenant shall be responsible for repairs costs effective upon final signature and the Tenant shall immediately inform the Landlord about any maintenance issues. Landlord shall determine whether immediate repair is necessary. If Landlord decides that immediate repair is not necessary, and Tenant wishes the repairs made regardless, Landlord will provide a quote to Tenant for the cost of such repairs. All maintenance must be approved by Landlord.

AMENDMENT OF SECTION 3: CONSIDERATION

Section 3 shall be amended as follows:

The total agreed rent for the enter term of this Lease Renewal shall not exceed \$2,785.87, payable in equal consecutive monthly installments of \$232.16. Rent calculation is based on a per square foot utility cost at Richmond State Hospital.

AMENDMENT OF SECTION 4: OPTION TO RENEW

Landlord grants to Tenant an option to renew this Lease for an additional term of one (1) year. The renewal agreement will be under the same terms and conditions as the existing agreement, with the rental payment not to exceed \$2,785.87 per year. Tenant may exercise the renewal option by submitting in writing to Landlord a notice of renewal, approved by the Department of Administration, at least sixty (60) days prior to the termination date of this Lease.

AMENDMENT OF SECTION 5: METHOD OF PAYMENT

Rent is due and payable upon the approval of this Lease Renewal. Tenant shall remit \$232.16 per month, to begin no later than thirty (30) days after the final approval of this Lease Renewal to:

Richmond State Hospital

~~XXXXXXXXXXXXXXXXXXXX~~

Richmond, Indiana 47374

All other terms and conditions of the Lease not modified by this Amendment shall remain unchanged and in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Landlord, or that he/she is the representative, agent, member or officer of the Landlord, that he/she has not, nor has any other member, employee, representative, agent or officer of the Landlord, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Renewal other than that which appears upon the face hereof.

All other matters previously agreed to and set forth in the original Contract shall remain in full force and effect.

The execution of this Lease by FSSA does not convey certification to conduct addiction treatment services, or a license to be a private psychiatric institution at the site of the Leased premises.

The Balance of this page is intentionally left blank.

In Witness Whereof, to their agreement, the persons signing this Lease Renewal execute it for the Landlord and Tenant:

For Tenant:

Noble of Indiana - ~~XXXXXXXXXX~~

Julia Huffman, President/CEO
Julia Huffman, President and CEO

Date: 12-9-19

For Landlord:

Indiana Family and Social Services Administration,
Division of Mental Health and Addiction

Jay Chaudhary
Jay Chaudhary, Division Director

Date: 12/30/19

Department of Administration:

By: Lesley A. Crane (for)
Lesley A. Crane, Commissioner

Date: 1.03.2020

State Budget Agency:

By: Zachary Jackson (for)
Zachary Jackson, Director

Date: 1/7/2020

Approved as to Form and Legality:
Office of the Attorney General

By: Curtis T. Hill, Jr. (for)
Curtis T. Hill, Jr., Attorney General

Date: 1/16/2020

Prepared by: Indiana Family and Social Services Administration,
Office of General Counsel, Leasing, IGCS, W451, Indianapolis, IN 46204.

I, affirm, under penalties of perjury, that I have taken reasonable care to redact each social security number in this document, as required by law.

Nicole Nash
Nicole Nash, FSSA Leasing Coordinator



EXECUTIVE DOCUMENT SUMMARY

Instructions for completing the EDS and the Contract process.

RECEIVED

- 1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

DEC 31 2019

IDOA CONTRACTS

1. EDS Number: F1-8-FSSA/DMHA-566
2. Date prepared: 12.20.2019

3. CONTRACTS & LEASES

Professional/Personal Services, Grant, Lease, Attorney, MOU, QPA, Contract for procured Services, Maintenance, License Agreement, Amendment #, Renewal # 2, Other

FISCAL INFORMATION

4. Account Number: 12820-F5510-590110
5. Account Name: MENTAL HEALTH DIVISION
6. Total amount this action: \$2,796.88
7. New contract total: \$2,796.88
8. Revenue generated this action:
9. Revenue generated total contract:
10. New total amount for each fiscal year:

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 1.1.2020
12. To (month, day, year): 12.31.2020
13. Method of source selection: Negotiated

AGENCY INFORMATION

14. Name of agency: FSSA Mental Health & Addiction
15. Requisition Number:
16. Address: FSSA, DMH, Dept. of Mental Health and Addiction
402 West Washington Street, Room W353
Indianapolis, Indiana 46204

AGENCY CONTACT INFORMATION

17. Name: Nicole Nash
18. Telephone #: 317.232.4519
19. E-mail address: nicole.nash@fssa.in.gov
20. Name: After Scanning Return To IDOA
21. Telephone #: Steve 234.4724
22. E-mail address: sharless@jdoa.in.gov

COURIER INFORMATION

AVENDOR INFORMATION

23. Vendor ID Number: 0000194277
24. Name: Richmond State Hospital
25. Telephone #: 765.935.9021
26. Address: Richmond, Indiana 47374
27. E-mail address: debbie.lanman@fssa.in.gov
28. Is the vendor registered with the Secretary of State?
29. Primary Vendor: M/WBE/IN-Veteran
30. Primary Vendor Percentages:
31. Sub Vendor: M/WBE/IN-Veteran
32. If yes, list the %:
33. Is there Renewal Language in the document?
34. Is there a "Termination for Convenience" clause in the document?

35. Will the attached document involve data processing or telecommunications systems(s)?

36. Statutory Authority (Cite applicable Indiana or Federal Codes): I.C. 12-9-2-3

37. Description of work and justification for spending money. This is a one (1) year revenue generating Lease Renewal for 1,270 square feet of space for Noble of Indiana, located at 498 North West 18th Street, Building 210, Richmond State Hospital
Monthly: \$ 233.07 Annual: \$2,796.88 Out Clause: 30 Days

38. Justification of vendor selection and determination of price reasonableness:
JAN 08 2020
OAG-ADVISORY
SBA
ACCOUNTING

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval
41. Date Approved
42. Budget agency approval
43. Date Approved
44. Attorney General's Office approval
45. Date Approved
46. Agency representative receiving from AG
47. Date Approved

Lease Renewal 2 and Second Amendment
Richmond State Hospital
F1-8-FSSA/DMHA-566

Pursuant to IC 5-22-17-4 and the terms of the Lease, between Indiana Family and Social Services Administration, Division of Mental Health and Addiction and the State of Indiana, acting by and through the Department of Administration (hereinafter referred to as "Landlord"), exercises its option to renew this Lease with Noble of Indiana (hereinafter referred to as "Tenant") under the same terms and conditions of the original Lease dated January 1, 2017. The renewal term shall commence on January 1, 2020 and shall terminate on December 31, 2020.

Said Lease concerns approximately 1,270 square feet of space commonly known as ~~XXXXXXXXXX~~
~~XXXXXXXXXX~~ in the City of Richmond, County of Wayne, State of Indiana 47374 (the "Leased Premises").

The total agreed rent for the enter term of this Lease Renewal shall not exceed \$2,796.88, payable in equal consecutive monthly installments of \$233.07. Rent calculation is based on a per square foot utility cost at Richmond State Hospital.

This notice complies with Section four (4) of the Lease and causes this Lease to be renewed.

AMENDMENT OF SECTION 2: TERM OF LEASE

Section 2 shall be amended as follows:

- A. This Lease shall be effective for a period of one (1) year commencing on the 1st day of January, 2020 and ending on the 31st day of December, 2020.
- B. The Tenant shall be responsible for repairs costs effective upon final signature and the Tenant shall immediately inform the Landlord about any maintenance issues. Landlord shall determine whether immediate repair is necessary. If Landlord decides that immediate repair is not necessary, and Tenant wishes the repairs made regardless, Landlord will provide a quote to Tenant for the cost of such repairs. All maintenance must be approved by Landlord.

AMENDMENT OF SECTION 3: CONSIDERATION

Section 3 shall be amended as follows:

The total agreed rent for the enter term of this Lease Renewal shall not exceed \$2,796.88, payable in equal consecutive monthly installments of \$233.07. Rent calculation is based on a per square foot utility cost at Richmond State Hospital.

AMENDMENT OF SECTION 4: OPTION TO RENEW

Landlord grants to Tenant an option to renew this Lease for an additional term of one (1) year. The renewal agreement will be under the same terms and conditions as the existing agreement, with the rental payment not to exceed \$2,796.88 per year. Tenant may exercise the renewal option by submitting in writing to Landlord a notice of renewal, approved by the Department of Administration, at least sixty (60) days prior to the termination date of this Lease.

AMENDMENT OF SECTION 5: METHOD OF PAYMENT

Rent is due and payable upon approval of this Lease Renewal. Tenant shall remit \$233.07 per month, to begin no later than thirty (30) days after the final approval of this Lease Renewal to:

Richmond State Hospital

~~XXXXXXXXXXXXXXXXXXXX~~

Richmond, Indiana 47374

All other terms and conditions of the Lease not modified by this Amendment shall remain unchanged and in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Landlord, or that he/she is the representative, agent, member or officer of the Landlord, that he/she has not, nor has any other member, employee, representative, agent or officer of the Landlord, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Renewal other than that which appears upon the face hereof.

All other matters previously agreed to and set forth in the original Contract shall remain in full force and effect.

The execution of this Lease by FSSA does not convey certification to conduct addiction treatment services, or a license to be a private psychiatric institution at the site of the Leased premises.

The Balance of this page is intentionally left blank.

In Witness Whereof, to their agreement, the persons signing this Lease Renewal execute it for the Landlord and Tenant:

For Tenant:

Noble of Indiana - ~~XXXXXXXX~~

Julia Huffman, President / CEO

Julia Huffman, President and CEO

Date: 12-9-19

For Landlord:

Indiana Family and Social Services Administration,
Division of Mental Health and Addiction

Jay Chaudhry, Division Director

Date: 12/30/19

Department of Administration:

By: Lesley A. Crane (for)
Lesley A. Crane, Commissioner

Date: 1.03.2020

State Budget Agency:

By: Zachary Jackson (for)
Zachary Jackson, Director

Date: 1/7/2020

Approved as to Form and Legality:
Office of the Attorney General

By: Curtis T. Hill, Jr. (for)
Curtis T. Hill, Jr., Attorney General

Date: FEBRUARY 18, 2020

Prepared by: Indiana Family and Social Services Administration,
Office of General Counsel, Leasing, IGCS, W451, Indianapolis, IN 46204.

I, affirm, under penalties of perjury, that I have taken reasonable care to redact each social security number in this document, as required by law.

Nicole Nash

Nicole Nash, FSSA Leasing Coordinator

As outlined in [Indiana's HCBS Statewide Transition Plan](#), DDRS is required to evaluate settings to determine the potential for heightened scrutiny. The heightened scrutiny process is how a state works and coordinates with a provider to present relevant and supportive information to CMS that shows compliance with the settings rule. The three prongs that require Heightened Scrutiny include:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Settings that are located in a building on the grounds of, or immediately adjacent to a public institution
- Settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Throughout the evaluation and site assessment process, the Noble setting located at ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ Richmond, IN 47374 has been determined as a potential site that could require heightened scrutiny due to its location near Richmond State Hospital. This determination is based on the below prong:

- Settings that are located in a building on the grounds of, or immediately adjacent to a public institution

In order for DDRS to make a final determination as to whether this site would be identified as requiring heightened scrutiny, DDRS is requesting a copy of your lease/rental agreement, land survey, or GEO mapping to verify the identified prong by March 1st, 2020.

If it is found that the site meets the prong identified, DDRS will work with you to gather the information necessary for submission to CMS. The below steps describe the Heightened Scrutiny process as outlined in the Statewide Transition Plan:

1. Identification of sites for heightened scrutiny.

a. Site Assessment Tools –Throughout the site assessment process, DDRS evaluated CMS' three prongs to determine the potential for heightened scrutiny. These include settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; settings that are located in a building on the grounds of, or immediately adjacent to a public institution; or settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. The comprehensive assessment tools used include the IES survey, the monitoring checklist, provider agencies self-surveys, applicable provider agency policies and procedures, and any on-site visit reports to determine PI.

b. Determining PI Settings:

i. A compliance determination will be based on the comprehensive review and assessment of each setting. Any setting found to meet one of the three prongs will be subject to a determination of PI.

ii. BDDS staff will review the initial recommendation of the contractor who performed the onsite visits as well as all of the materials compiled and make the initial determination that a setting meets the presumption.

c. Determining if a setting can overcome the Presumption and should be a candidate for heightened scrutiny:

i. A summary of findings will be assembled to determine if a PI setting is a potential candidate for heightened scrutiny and can overcome the assumption based on information review. Specific criteria within the various tools include:

- 1. Identifying if the setting is located in or adjacent to a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.*
- 2. Identifying if the setting provides onsite medical, behavioral, or therapeutic services.*
- 3. Confirmation that the setting is integrated in and supports access to the greater community.*

ii. DDRS will make the final determination that a setting can overcome the presumption and should be a candidate for heightened scrutiny.

iii. Once a setting is determined to be a candidate for heightened scrutiny, notification will be sent to the provider and residents of the setting in a letter outlining the determination and how DDRS made the determination as well as the next steps of the process.

2. Heightened Scrutiny Evidence Packet (HSEP)

a. HSEP Creation

i. DDRS will compile information on each PI setting into a packet to present to OMPP.

ii. HSEP information will be organized according to which prong the setting falls under:

For Prong 1 and Prong 2 –

- 1. Information will support the fact that there is a meaningful distinction between the HCBS setting and the institutional based facility, and that the former is integrated and supports full access of individuals receiving HCBS to the greater community.*
- 2. Information will establish that the services provide to the individual and the activities that the individual engages in are intertwined with the broader community.*

For Prong 3 –

- 1. Information will support that the setting is integrated in the community to the extent that persons without disabilities in the same community would consider it a part of their community and not a setting of only persons with disabilities.*

2. Information will support that individuals participate regularly in typical community life activities outside of the setting to the extent they desire and the activities are engaged with the broader community.

iii. *DDRS will include the following items during the HSEP process:*

1. *Prior to submission to OMPP for review, DDRS will notify the provider identified and individuals and families impacted.*

a. *This notification will allow for input/interviews with the provider and individuals.*

2. *DDRS will summarize the information into a HSEP packet. The packet will include:*

a. *The setting name and whether the setting is provider owned or controlled/residential or nonresidential.*

b. *The PI prong the setting falls under and reasons for making that determination.*

c. *A description of the assessment tools used to make the PI determination:*

i. *Summary of provider self-assessments.*

ii. *Observations from desk reviews, site visits, surveys.*

iii. *Feedback from individuals served within the setting.*

d. *Evidence that the site can overcome the PI determination.*

Including:

i. *Pictures of the site.*

ii. *Written justification of compliance that includes a summary of the site visit and documentation review.*

iii. *A summary of comments/interviews of persons within the setting.*

b. Review & Submission of the HSEP

i. *Once the HSEPs are completed, they will be submitted to the OMPP for review.*

ii. *Once the HSEPs are approved by OMPP, the packets will be submitted for statewide public comment. Any comments during the public comment period will be taken into consideration and revisions applied, if applicable.*

c. *Based on the division's evidence and recommendation and the outcome of public comment, OMPP will make the final determination of which packets are submitted to CMS for heightened scrutiny.*