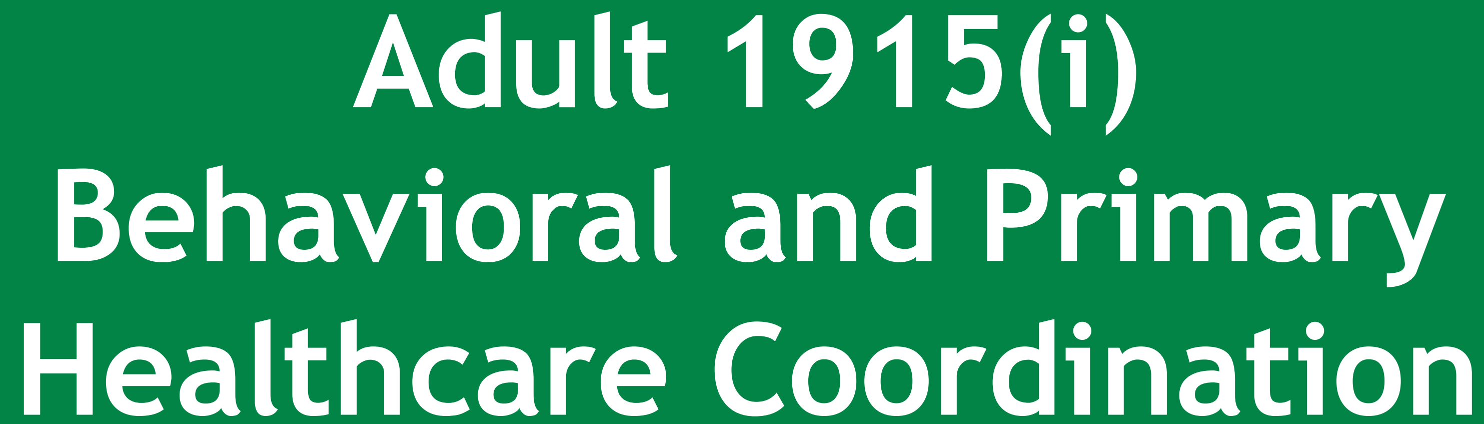

Adult 1915(i) Behavioral and Primary Healthcare Coordination

Indiana FSSA/DMHA
Adult 1915(i) State Evaluation Team

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Purpose of Presentation

The purpose of this presentation is to go over the many components necessary to provide the BPHC service to its highest level of fidelity. This includes an overview of Home- and Community-Based Services, understanding the application process, Quality Audit standards and more.

If you have questions regarding the BPHC program that are not covered in this presentation, please feel free to submit your questions to the BPHC inbox (bphc.service@fssa.in.gov) or to your primary SET contact identified on Slide 55.

Purpose of BPHC

BPHC is a Home- and Community-Based Services program designed to support those at risk of institutionalization in managing their primary healthcare and mental health needs. BPHC consists of a single service, Care Coordination, that **supports clients whose mental health needs impedes their ability to effectively and independently manage their physical health needs**. The aim is to allow clients living with serious mental illness(es) to receive care in community-integrated settings to a similar level as those not receiving HCBS and to support the client in goal achievement to reach their preferred level of independence and community engagement.

HCB Programming and Settings

Compliance vs. System Change

Compliance Versus System Change

Historically, the traditional model for intensive mental health care has been isolative, exclusionary, and reliant on the use of institutional qualities in care. Oftentimes, the result is the separation of people living with SMI from their communities either “for the protection of the client” or “for the protection of others.” This model of care is marginalizing to those living with SMI and contributes to their stigmatization.

HCBS standards aim to **support a systemic and cultural shift that prioritizes community integration for our most vulnerable populations** and allows them to receive care in a way that acknowledges their unique needs while maintaining their ability to function and navigate as similarly as possible to their peers not living with SMI.

HCBS standards are not in place to:

- Make anyone's job more difficult
- Increase administrative burden
- Create additional "red tape" to navigate
- Restrict ability to provide care

HCBS standards are in place to:

- Ensure vulnerable clients can access care and live in community-integrated environments
- Improve the quality of care received by those living with SMI
- Ensure the experiences, desires, and choices of clients are at the center of their care

Setting Types and Designations

There are five setting types in which an individual receiving HCBS may reside:

- ✓ Private/Independent
- ✓ Provider Owned, Controlled or Operated Residential
- ✓ Non-POCO Residential
- ✓ Non-CMHC POCO Residential
- ✓ Potential Presumed Institutional

There are five setting types which are considered to be institutional and may not be occupied by HCBS clients:

- × Nursing Home
- × Hospital
- × Institution for Mental Disease
- × ICF/IID
- × Jail/Correctional Facility

Community-Based Residential Settings

- **Private/Independent:** No financial relationship between provider agency and property owner
- **POCO Residential:** Owned, co-owned/operated, or operated by a provider of HCBS (*NOTE: As laid out in the 1915(b)(4) waiver, CMHCs are the exclusive state-contracted providers of HCBS in Indiana*)
- **Non-POCO Residential:** Owned, controlled, or operated by a service provider that does **not** provide HCBS
- **Non-CMHC POCO Residential:** These settings provide HCBS waiver services through DA and/or DDRS; therefore, these settings are considered provider owned, controlled and/or operated, but not by a DMHA-approved CMHC. DMHA requires declaration of use of these settings for 1915i

Potential Presumed Institutional & Heightened Scrutiny Process

These settings exhibit at least one of the three potentially institution-like characteristics (Prongs) as determined by the Center for Medicaid Services. PPI settings can undergo the Heightened Scrutiny process in which the operator of the setting submits an evidence package that demonstrates how the setting is able to overcome the institutional characteristics. The Prongs are as follows:

i. Prong 1: Adjacent to, or on the grounds of a public institution
ii. Prong 2: Co-located (in the same building) as a nursing facility or other in-patient treatment facility
iii. Prong 3: Settings that have the effect of isolating

The Heightened Scrutiny Process is completed by CMS and began July 1, 2020.

Institutional Settings

- **Nursing Home**
- **Hospital**
- **Institution for Mental Disease**
- **ICF/IID**
- **Jail/Correctional Facility**

These settings have the effect of isolating residents from their peers or community and hinder the ability to fully pursue opportunities. For this reason, clients living long-term or permanently in these settings may not enroll in HCB services.

If HCBS recipients are temporarily housed in any of these facilities, they must have a discharge date of no more than 30 days after entering the facility in order to continue accessing HCB services.

POCO Five, Big Five and Achieving HCBS Characteristics

The Big Five and POCO Five

HCBS Foundational Philosophy

Pursuant with HCBS goals of ensuring access to care in as similar as possible ways to those not receiving HCB services, the characteristics of HCB settings are outlined by the **Big Five** and the **POCO Five**. These apply for **all** settings in which HCBS may be provided *or* a recipient of HCBS may reside and for specifically HCB residential settings, respectively.

The POCO and Big Five are based on the underlying philosophy that:

- Residential settings are a person's home
- Staff in settings are there to support our community's most vulnerable members
- Allowing and encouraging the connection and engagement of the resident to their larger community is a priority
- Services and supports should always be concerned with keeping the resident in their community

The Big Five

The Big Five established the qualities that apply to **all** settings in which HCB services may be furnished or in which a recipient of HCB services may reside and are as follows:

1) Is integrated in and supports full access to the greater community

- Provides opportunities to seek gainful, competitive employment in community-integrated settings, engage in community life and control personal resources
- Ensures that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS

2) Is selected by the individual from among setting options including non-disability specific settings and options for a private unit in a residential setting

- Person-centered service plans document the options based on the individual's needs, preferences and for residential settings, resources available for room and board

The Big Five

3) Ensures an individual's rights of privacy, dignity, respect and freedom from coercion and restraint

4) Optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment and with whom to interact

5) Facilitates individual choice regarding services and supports and who provides them

The POCO Five

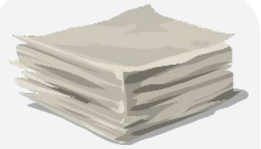
Pursuant with HCBS goals of ensuring care in the least restrictive setting possible, as similar as possible to those not receiving HCBS, a set of characteristics specifically applicable to residential settings known as the "POCO Five" are described as follows:

1. Unit or dwelling is a physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services
2. Each individual has privacy in their sleeping or living unit
3. Individuals have the freedom and support to control their own schedules and activities, and to have access to food anytime
4. Individuals are able to have visitors of their choosing any time
5. Setting is physically accessible to the individual

Under these five umbrella traits are additional rights that must be ensured in residential settings.

The POCO Five

Additional Rights



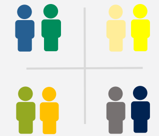
1. The individual has, at minimum, the same responsibilities and protections from eviction that tenants under the landlord and tenant law of the state, county, city or other designated entity. Written agreement will include protections, eviction process and appeals under jurisdiction of law.

2. Units have entrance doors lockable by the individual with only the appropriate staff having keys to the door.

3. Individuals have the freedom to furnish and decorate their living or sleeping units within lease/agreement.

The POCO Five

Additional Rights



4. Individuals sharing units have a choice of roommates and can request roommate changes.

IMPORTANT NOTE

If an individual has specific medical, mental or personal needs that are at odds with implementing these characteristics, then it is permissible to modify the member's IICP to outline and support these differing needs. Modifications are guided by an eight-point CMS standard.

EXAMPLE: A client is prone to seizures or fainting spells that put them at risk if they are not able to be quickly reached by a caretaker; in this instance, it is permissible for the bathroom used by this client to not have a lock on the door so long as there are lockable alternatives for other residents in the setting and a Modified IICP has been completed submitted.

Eight-point Modification Approach

1. Identify a specific and individualized need.
2. Document the positive interventions and supports used prior to any modifications to the person-centered plan.
3. Document less intrusive methods of meeting the need that have been tried but did not work.
4. Include a clear description of the condition that is directly proportionate to the specific need addressed.
5. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Include the informed consent of the individual.
8. Include an assurance that interventions and supports will cause no harm to the individual.

If a Modified IICP undergoes any substantial changes after the initial Modified IICP has been submitted to the SET, an updated version must be submitted as soon as changes are finalized.

Achieving HCBS Characteristics

Typical Non-POCOs

- Unlicensed ALF
- Adult Foster Home
- Room & Board Setting
- Some group living
- Boarding homes

It is possible for non-POCO settings to achieve HCBS eligibility. It is the responsibility of the partnering agency to ensure that the non-POCO setting properly and faithfully institutes and upholds HCBS standards in any settings housing clients receiving HCBS.

The needs of the population served by SUD treatment homes and sober living environments means achieving HCBS eligibility can be uniquely difficult, as certain restrictions are necessary to support maintained sobriety. That said, eligibility is possible, and we encourage collaboration to increase HCBS access.

SUD Treatment Homes

Adding a New Setting

Adding a New Residential Setting

HCBS recipients **must** live in settings that are integrated into their community. If an HCBS recipient lives in a setting owned by **any** provider of services, the setting must be confirmed to meet CMS' Big and POCO Five criteria and be added as an HCBS-eligible setting under use by the agency.

The process of adding a new setting depends on the setting type, but will generally include Resident Interviews, a setting assessment/declaration, and a validation site visit by at least one member of the SET.

While Private/Independent settings do not undergo the same process as POCOs & Non-POCOs, agencies should be assessing P/I settings to ensure integration into the community and absence of isolating effects.

When assessing a consumer's residence for completion of an RSST, if it is found that setting provides any supports or services, consult with DMHA before submitting an application to navigate appropriate assessment steps. The following slides are meant only to serve as a general view into the different processes for adding settings.

Adding a POCO Residential Setting

1. If your agency owns a setting and would like to provide HCBS to residents, reach out to the HCBS State Lead with the intentions and provide the address and name (if applicable) for the setting.
2. Complete a Provider Self-Assessment for the setting, assessing the characteristics of the setting.
3. Offer a Resident Survey to every resident in the setting **regardless of whether they are receiving HCBS.** A resident is not obligated to complete the survey, but there should be an attempt to collect as many responses as possible.
4. After documentation has been submitted to the HCBS State Lead, a validation site visit will be scheduled to assess the physical aspects of the house, after which a Compliance Designation will be given.
5. Depending on the Compliance Designation given, services can either continue as before, the setting may have to undergo policy and/or physical changes in order to become eligible, or it may have to undergo additional scrutiny.

Adding a Non-POCO Residential Setting

1. If your agency would like to make use of a setting owned by a provider of services, reach out to the HCBS State Lead and provide the address, setting name (if applicable) and contact information of the setting owner(s)/Setting Operating Authority.
2. The CMHC will conduct a Setting Assessment with the SOA and identifies non-compliances in the setting.
3. Non-compliances are addressed and, if the SOA so chooses, remediated.
4. After documentation has been submitted to the HCBS State Lead, a validation site visit will be scheduled, including resident interviews to assess the physical aspects of the house and gain stakeholder feedback, after which a Compliance Designation will be given.
5. Depending on the Compliance Designation given, services can either continue as before, the setting may have to undergo policy and/or physical changes in order to become eligible, or it may have to undergo additional scrutiny.

Adding a Non-POCO setting is CMHC-led; the agency must work with the SOA toward compliance, with DMHA providing the final compliance designation. If assistance is needed, please contact the HCBS State Lead.

Adding a Non-CMHC Residential Setting

1. If your agency would like to make use of a setting that is licensed to provide 1915(c) HCBS, determine the regulatory agency which has authority over the setting by either:
   - Contacting the HCBS State Lead to collaborate with DA or DDRS to determine the compliance designation of the setting.
   - Searching the IHCP registry of waiver service providers.
   - Searching the ISDH registry of licensed and certified long term care programs.
2. After the setting has been confirmed to be under the authority of either DA or DDRS, DMHA will notify the CMHC of the setting's compliance designation by DA/DDRS.
3. The CMHC must complete and return a non-CMHC Residential Setting Declaration sheet.

Compliance Designation Categories

After the required documentation has been submitted and the validation site visit completed, a designation report will be provided with one of the following:

Designation	Definition	Next Steps
Fully Compliant	The setting meets all the criteria for POCO residential settings and is an eligible setting for the delivery of AMHH and BPHC services.	Continue delivering HCBS.
Needs Modification	The setting was found to have qualities at odds with POCO Residential standards or lacks necessary characteristics.	A Setting Action Plan in created that lists the qualities that must be remediated for the setting to be HCBS compliant and deadlines for remediation.
Opted-Out	Provider chose not to maintain/work towards HCBS eligibility. Prevents any AMHH/BPHC clients from residing at this address. The provider can bring the setting back to an active HCBS setting later.	All current residents receiving HCBS must have a Member Transition Plan created and submitted and no additional HCBS recipients can live in the setting.

Compliance Designation Categories

Designation	Definition	Next Steps
Not Compliant	Setting was previously designated as not meeting the criteria for POCO residential settings, and your agency opted not to complete remediation. Setting was previously designated as not meeting the criteria for POCO residential settings, and your agency failed to complete required remediation by the timeframe specified in the HCBS Setting Action Plan. The setting was previously designated “Presumed Institutional” and DMHA opted not to submit evidence to CMS for heightened scrutiny. The setting was previously designated “Presumed Institutional” and CMS review of the submitted evidence packet determined that the setting is not home or community-based.	All current residents receiving HCBS must have a Member Transition Plan created with the member and submitted and no additional HCBS recipients can live in the setting.

BPHC Application

Requirements for a BPHC Application

Demographic Requirements

- At least 19 years old
- ANSA score of 3 or above
- BPHC Eligible Mental Health Diagnosis

For a fuller picture of the documentation requirements for a BPHC application/re-application, please review the BPHC Provider Reference Module.

Documentation Requirements

- Completed Residential Setting Screening Tool
- Completed Adult Needs and Strengths Assessment
  - There must be documentation in the member's chart clearly indicating the ANSA was completed collaboratively with the client.
  - Only the ANSAs associated with Application/re-application must be reviewed by a SuperUser and documentation must clearly demonstrate timely review.
- IICP completed collaboratively with applicant and legal guardian (if applicable)
  - There must be documentation chart clearly indicating the BPHC interview was completed collaboratively with the client.

Mental Health Diagnosis

The symptoms associated with the BPHC Eligible Primary Diagnosis should be provided in **list format**. It should consist of the symptoms experienced by the client that disrupt their ability to independently manage their healthcare needs. Do not list additional diagnoses or any information that does not directly pertain to the symptomology of the Primary Diagnosis.

Reminder: Any symptoms mentioned in the Justification of Need narrative *must* appear in the symptoms list

- Insomnia
- Isolative behavior
- Avolition
- Anhedonia

1. Insomnia
2. Isolative behavior
3. Avolition
4. Anhedonia

Insomnia, Isolative behavior, Avolition, Anhedonia

The client endorses the following symptoms of Major Depressive Disorder: Insomnia, Isolative behavior, Avolition, Anhedonia

Physical Health Issues

In this section, provide physical health issues experienced by the client. They do not have to be formally diagnosed by a healthcare professional but should be currently impactful. Historical injuries that result in present-day complications are eligible, such as TBI. A physical health issue or injury from which the client is fully recovered and does not currently experience complications or engage in everyday management activities is not.

Well-managed, chronic health issues such as asthma, diabetes and Crohn's are appropriate to include. Health problems such as a previous bout of pneumonia, from which the client fully recovered and does not experience lung impairment, are not appropriate to include.

Services Provided

(Renewal Applications Only)

Effective October 1, 2020, three BPHC reimbursable service activity must be provided during each 180-day package period. Renewal applications submitted after this date should include three services dates over the active eligibility package **or** provide adequate rationale for lack of engagement **and** a plan for increasing engagement. One of the minimum three services rendered during the package period can be preparation of renewal application.

For a list of eligible service activities under the BPHC program, please reference Section 14 of the BPHC Provider Reference Module.

Justification of Need for Program

This narrative should provide the SET with insight into the impediment to the client's ability to **effectively and independently** manage their physical healthcare caused by the experienced symptoms of the client's BPHC Eligible Primary Diagnosis. A proper justification will consist of three *general* parts: 1) description of the symptoms impacting the client; 2) the maladaptive behavior caused by the symptoms; and 3) how that behavior impedes their ability to independently manage their healthcare needs.

Types of Justifications

- ✓ Risk to client should program access be lost
- ✓ Ineffective communication with PCP
- ✓ Lack of insight into physical health needs
- ✓ Frequent ER usage due to poor health management

- × Poverty or other financial factors
- × Gain access to Medicaid
- × Provide therapy, life skills training, etc.

Example Justifications

Recommended Parts:

1) Description of the symptoms impacting the client
2) The maladaptive behavior caused by the symptoms
3) **How that behavior impedes their ability to independently manage their healthcare needs.**

- Pat's social anxiety causes them to isolate at home which leads Pat to frequently cancel vital appointments for diabetes management.
- Francis' delusions leads them to believe that medical staff want to harm him, so he **refuses to make and attend medical appointments.**
- Billie's auditory hallucinations and anxiety impede her ability to understand what her doctors are telling her to do and cause her to be fearful about asking for clarification, which causes her to **not be able to follow health recommendations.**

Goals

The goal(s) listed in the IICP should describe a behavior modification, achievement, health improvement, etc. that the member would like to work towards or accomplish over the course of the eligibility period.

- ✓ Should be in client's own words and reflect **personal** desires
  - ✓ Providing additional explanation not in the client's words to clarify goal is acceptable
- ✓ Ideally goal should be **measurable** to support tracking goal progress
- ✓ Should link back to client's identified physical and/or mental health needs
- ✓ Supports client reaching maximal independence

Objectives

Describe the steps necessary for ***the client*** to take in order to achieve their previously listed goal(s):

- ✓ Should build upon the client's strengths, preferences, and any existing natural supports
- ✓ Not passive in nature: "Client will do" ***NOT*** "Client will allow"
- ✓ Clearly linked to the goal(s) listed in IICP
- ✓ Personalized to the client

Strategies

Describe ***only*** how BPHC care coordination will be utilized over the package period to support the client in achieving their identified goals and achieve their highest possible level of independence in healthcare management. Strategies should support the achievement of the goals and objectives described in the IICP and be informed by the physical and mental health needs of the client

It is no longer required to list how MRO services (or any other non-BPHC service(s)) will be used to support the client

Strategies :

Describe how the BPHC service(s) will assist the applicant in meeting the identified goal(s) listed above.

BPHC service will assist client in following through with medical care weekly.
BPHC service will assist client in finding and connecting with specialists to address his physical and mental health concerns.
BPHC service will assist client in developing ways to implement and track recommended medical regimens and CM will review this regime weekly with Client.
BPHC service will assist client in learning about and connecting with community resources.

DARMHA Application Statuses

DARMHA Application Statuses

The DMHA SET evaluates the clinical eligibility of consumers using BPHC applications submitted to the online registry, DARMHA. After these applications are determined to be clinically eligible for BPHC, they are sent along to the Division of Family Resources and DXC to be evaluated for financial eligibility. Though DMHA and DFR exist under the same agency, the two divisions are separate and not involved with the processes of the other to avoid conflict of interest.

There are times when an application that is deemed clinically eligible is determined to be financially ineligible by DFR. The most common causes are:

1. A Medicaid application has not been completed for the consumer: BPHC requires a Full Coverage MA category and a MA application should be submitted concurrently with BPHC
2. The consumer has coverage under a partial MA category
3. DFR has not received documentation related to recertification/application of MA

DARMHA Application Statuses

Please note that DARMHA statuses are *internal only* and created by the DARMHA team to assist in tracking. DFR and Gainwell Technologies (formerly DXC) are responsible for any application processing after the application has been deemed clinically eligible by the SET.

For a full list of statuses, please reference Appendix D of the BPHC Provider Reference Module

Status	Possible Cause(s)	Next Steps
DMHA Pending	Please refer to comments provided on the pended application to determine cause	If directions provided in the comment section are unclear, please reach out to the relevant SET member ***before resubmission*** for clarification
DFR Pending	Consumer has a partial Medicaid coverage category (i.e., QMB)	Contact DFR and request a category change
	A Medicaid application has not been completed	A Medicaid application should be completed
	The application is still being processed by DFR and is placed in Pending to "shelf" it	DFR should be contacted to determine what if any extra steps need to be taken

DARMHA Application Statuses

Please note that DARMHA statuses are *internal only* and created by the DARMHA team to assist in tracking. DFR and Gainwell Technologies (formerly DXC) are responsible for any application processing after the application has been deemed clinically eligible by the SET.

For a full list of statuses, please reference Appendix D of the BPHC Provider Reference Module

Status	Possible Cause(s)	Next Steps
DFR Denied	DFR reached out for additional/supporting documentation to process Medicaid eligibility and the documentation was not provided	Contact DFR and ask what additional documentation is required to process eligibility. A new application may be required.

Once DFR has been contacted and the appropriate actions have been taken, contact a member of the SET to submit a JIRA ticket to update the application.

Billable Service Activities

BPHC Service Activities

BPHC is a single service, care coordination, comprised of multiple reimbursable service activities, such as the following:

Coordination of Healthcare Services

- Direct assistance in gaining access to services
- Coordination of care within and across systems
- Oversight of the entire case
- Linkage to services

Coordination Across Systems

- Facilitating linkage and communication between medical providers
- Serving as a communication conduit
- Notification of changes in medication regimens and health status

Assistance Using Healthcare

- Logistical support
- Advocacy
- Education on navigation of the healthcare system
- Referral and linkage to medical providers
- Coaching for more effective communication with providers

A BPHC re-application is billable once every package period. The initial BPHC application is *not* a billable service.

BPHC Service Provider Requirements

For an agency staff member to complete the collaborative BPHC application process, they must meet the minimum requirements as outlined in the BPHC State Plan Amendment.

The staff person must have:

- A bachelor's degree in social sciences or related field with two or more years of clinical experience
- Completed a DMHA- and OMPP-approved training and orientation for 1915(i) eligibility and determination
- Completed the assessment tool (ANSA) Certification training

BPHC Service Provider Requirements

In order to furnish all service activities covered under BPHC Care Coordination, the staff person must be evaluated by the agency to meet to requirements of at least one of the following:

- Licensed professionals
- Qualified behavioral health professionals
- Other behavioral health professionals

Staff persons found to meet the requirements of the following credential categories may provide most service activities *except* for needs assessments, referral and linkage activities, or physician consults:

- DMHA-certified recovery specialists
- Integrated health technicians

For full definitions of the above credential categories, please consult Section 3 of the BPHC Provider Reference Module

BPHC Service Requirements

- Must be proposed in the SET-evaluated and approved IICP and supported by the client's Level of Need
- Supported by clinical documentation as a necessary service to support client's needs
- Promotes stability, increased independence, and/or healthcare goal obtainment
- Provided by a BPHC-trained staff person in an HCBS-eligible, community-integrated setting
- Be a service that is within the scope and/or limitations of the BPHC program

BPHC Services on Behalf of Client

It is acceptable to provide BPHC service activities on behalf of the client without the client present, so long as the service benefits the client in the management/coordination of their physical and/or mental health needs as described in the IICP.

This does not include activities such as the following:

- Scanning documents into the agency EMR
- Any services falling outside of the scope of the BPHC program

Non-Billable Service Activities

The following services are not billable under BPHC:

- Provision of medical services or treatments including, but not limited to, weight checks, blood pressure screenings and blood sugar checks
- Individual, group or family therapy services
- A service not described or supported by the client's IICP
- A service provided simultaneously with another service of the same scope and nature
- Leisure/recreational activities
- Life skills, medication, ADL training

Documentation Requirements

Service Documentation Requirements

Documentation must:

- Reflect progress towards the goal(s) from the member's IICP
- Have a date of service within the eligibility period
- Duration of service
  - Should support service provided
- Be written and signed by the agency staff rendering services
- Support coordination or management of identified health needs and services
- Identify member strengths utilized
- Incorporate natural supports (where available)
- Describe the service's benefit to the client

Service Documentation Requirements

Documentation for services provided on behalf of the member (OR when the member is not present) must include:

- The names of all persons attending the session AND each person's relationship to the member
- Benefit to the member
- How the service assisted the member in reaching the IICP goal(s)

Additional Announcements

(As of 3/1/2020)

Prior Authorization

Prior Authorization will become available for the BPHC program. As of January 2021, this mechanism as it relates to BPHC is still under development and details are actively evolving.

If your agency needs to submit a Prior Authorization, contact a member of the SET with the identifying details of the consumer and a PA can be submitted manually to the DARMHA team.

Contact Name/Title	Contact Information	Contact For?
Garnet Holsapple *1915(i) Program Specialist and Critical Incident Reporting Coordinator*	*Email*: Garnet.Holsapple@fssa.IN.gov	• Matters concerning Critical Incident Reporting • If you belong to the following agencies: ◦ Centerstone ◦ Regional ◦ Swanson ◦ Meridian ◦ Northeastern ◦ Southwestern
Amanda Huff *1915(i) Program Specialist*	*Email*: Amanda Huff@fssa.IN.gov	• If you belong to the following agencies: ◦ LifeSpring ◦ Gallahue ◦ Adult and Child ◦ Park Center ◦ Grant-Blackford ◦ Hamilton
Alexis Pless *1915(i) Program Specialist*	*Email*: Alexis.Pless@fssa.IN.gov	• If you belong to the following agencies ◦ Oaklawn ◦ Edgewater ◦ Sandra Eskenazi ◦ CMHC ◦ Valley Oaks ◦ Community Howard
Elaine Trepanier *1915(i) Program Specialist and HCBS Lead*	*Email*: Elaine.Trepanier@fssa.IN.gov	• Matters concerning HCBS settings and compliance • If you belong to the following agencies ◦ Aspire ◦ Bowen Center ◦ Four County ◦ Samaritan ◦ Cummins ◦ Porter-Starke
BPHC Inbox	*Email*: BPHCServices-fssa@state.in.us	• General questions regarding the BPHC program
HCBS Inbox	*Email*: DMHAAdultHCBS-fssa@state.in.us	• General questions regarding HCBS program

FAQs	
Are renewal applications being denied?	Until the Public Health Emergency expires, any actions that would result in lapses of Medicaid services are suspended. However, the SET will continue to pend applications both in situations historically requiring pending and in lieu of typical denial circumstances. Initial applications that do not meet criteria are still at risk for denials.
What are the utilization requirements for BPHC?	Currently, at least three services must be furnished per 180-day package.
Why are utilization requirements being upped?	BPHC is growing past its implementation days and is moving into an era in which fidelity to federal requirements is the central concern. BPHC can and should be a strong pillar of a person's care plan and increased utilization helps to ensure it is properly incorporated as a supportive service.
Are ANSAs a billable BPHC service?	No.
What does telehealth documentation need to include?	It needs to include a note that speaks to COVID-related precautions.
Why am I being pended for symptoms?	Either the symptoms listed to not align with the selected Primary Diagnosis or the Justification narrative includes symptoms that were not listed in symptoms section.