



BDS POLICY

Bureau of Disabilities Services (BDS) Complaints: Medicaid and Stateline Funded Services

Policy Number: BDS 460 0221 005

Effective Date: 01/16/2026

Revision History: Replacing Policy BQIS 460 0221 005 (effective date 2/21/11).

Purpose: It is the responsibility of the Bureau of Disabilities Services (BDS) to provide clear guidance regarding the BDS complaint processes and utilized procedures. This includes but is not limited to outlining the classification of report standards, modes of investigation, required information, required notifications, facts of finding, and corrective action methods.

Scope: The policy underscores the importance of prioritizing the needs and preferences of those receiving Medicaid and stateline funded services, ensuring that they have access to the best possible support to promote safety, and well-being. This policy is applicable to all providers of home and community-based waiver services including case management organizations; as well as stateline services.

Policy Statement(s): It is the policy of the Bureau of Disabilities Services (BDS) to triage and investigate complaints involving individuals receiving services through BDS programs.

Initial Reporting:

1. Anyone may file a complaint on behalf of an individual receiving Medicaid and stateline funded services. Complaints can be filed using a variety of methods including, but not limited to:
 - a. Completing an online complaint form;
 - b. Emailing BDS.Help@fssa.in.gov; or
 - c. Calling 800-545-7763.

Triaging and Classification of Complaint:

1. BDS, or its designee, shall triage all complaints to determine a classification for the complaint.
2. Complaint classifications are:

- a. Urgent Complaint:
A report involving a direct and immediate impact on an individual's health, rights, or welfare.
- b. Critical Complaint:
A report indicating an indirect or potential threat to an individual's health, rights, or welfare.
- c. Non-critical Complaint:
A report that does not meet the criteria for urgent or critical classification. These may be categorized as exploratory or awaiting team resolution.
- d. Invalid Complaint:
A report that fails to meet the definition of a complaint and/or is redirected to another entity for further review or investigation.

Investigation Protocol:

1. Upon receiving a complaint or report alleging a provider's noncompliance with the requirements of Medicaid, the Medicaid waiver program, or other applicable state and/or federal rules or program requirements, BDS, or its designee, shall conduct an investigation and determine the best course of action through any of the following means:
 - a. Requesting and obtaining information from the provider;
 - b. Announced or unannounced onsite inspections;
 - c. Meeting with an individual;
 - d. Meeting with an individual's legal representative, as applicable;
 - e. Reviewing provider service records and documentation;
 - f. Reviewing personal information and records of an individual;
 - g. Follow-up inspections as determined necessary to ensure compliance with required corrective action plans.

Requesting and Obtaining Information from the Provider:

1. As outlined in Investigative Protocol 1(a) above, it is necessary for providers to fully cooperate with any/all requests made by BDS, or its designee.
2. Requests for documentation are sent electronically to the provider and the documentation must be submitted to BDS, or its designee, within the specified timeframe.
3. If the requested documentation is not received by BDS or its designee within the specified timeframe, a second documentation request will be sent electronically.
4. If the requested documentation is not received by BDS or its designee after the second request, the provider will receive notification that they have been referred to the BDS Director, or designee, for further action.

5. Further action could be a provider being subjected to a citation of violation which may include:
 - i. Civil sanctions;
 - ii. Moratorium; and/or
 - iii. Termination as a BDS provider.

Protected Health Information:

BDS, and its designee, shall manage Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Pursuant to Indiana law, the complaint process is completely confidential. The BDS, and its designee, shall not release the complaint. The BDS, and its designee, shall only release the investigative summary to the provider against whom the complaint was made. The BDS shall notify the complainant only of the completion of the monitoring and the completion of any corrective action by the provider. Additionally, the BDS shall notify any individuals who are directly related to the complaint and their legal guardians, if applicable, of the opening of a complaint, findings of a violation, and if the provider completed any corrective action plans to the satisfaction of BDS. These individuals, and their legal guardians, if applicable, may also request a copy of the investigative summary. This information will not be provided to any individuals that were included in a random sample or audit.

Photographic or Video Documentation:

Photographs or videos may be used during an investigation as determined appropriate by BDS, or its designee.

Interviews:

1. BDS, or its designee, shall conduct one-on-one (1:1) interviews with individuals in BDS services unless:
 - a. A legal representative requests to participate;
 - b. BDS, or its designee, identifies the need for an interpreter;
 - c. BDS, or its designee, identifies the need for a selected advocate; or
 - d. The individual requests their legal representative's presence.
2. At the time of the interview, BDS, or its designee, shall inform the individual that they can request the presence of a legal representative.
3. Interviews with other parties shall be one-on-one, unless BDS, or its designee, determines the need to include a third party. Other parties may include, but are not limited to:
 - a. The identified case manager;
 - b. Direct Service Worker;

- c. Other Identified members of the Individualized Support Team (IST).

Documentation Review:

1. Provider documentation shall be reviewed as determined necessary by BDS, or its designee, including, but not limited to:
 - a. Provider policies;
 - b. Personnel records as required by 460 IAC 6-15-2 or 455 IAC 2-14-1;
 - c. Documentation of service delivery to an individual;
 - d. Incident reports, both internal incident reports and those filed with BDS;
 - e. Person Centered Individualized Support Plans (PCISPs), Behavioral Support Plans (BSPs), High-Risk Plans (HRPs), behavioral tracking, etc.
 - f. Internal investigations;
 - g. Other provider documentation as determined necessary by BDS, or its designee.
2. Other documentation may also be reviewed as determined necessary by BDS, or its designee, including, but not limited to:
 - a. Electronic Visit Verification (EVV) records;
 - b. Billing claims data;
 - c. Other documentation as determined appropriate by BDS, or its designee.

Investigative Summaries:

1. Upon completion of an investigation, BDS, or its designee, shall issue a written report (investigation summary).
2. Investigation summaries will document the findings and identify corrective actions.
3. Abbreviated investigation summaries may be completed when a corrective action plan (CAP) is not warranted.
 - a. Examples of abbreviated investigations include, but are not limited to:
 - i. The complaint is pending the individualized support team (IST) working together to resolve the issue;
 - ii. The provider was made aware of the issue and resolved prior to investigation completion.
4. Investigation summaries, including a request for a corrective action plan (CAP), if needed, shall be forwarded to the provider typically within:
 - a. Thirty (30) business days for complaints classified as urgent;
 - b. Forty-five (45) business days for complaints classified as critical.

Note: there may be times when these reports are not issued within these timeframes for various reasons which could include delay in receiving the required documentation, difficulty reaching necessary parties for interviews, new allegations discovered during the investigation, etc.
5. Abbreviated investigation summaries shall be forwarded to the provider at the conclusion of the IST's activities to resolve the issue.

Submission of Corrective Action Plans (CAPs):

1. Providers shall complete and implement a corrective action plan (CAP) to the satisfaction of BDS, or its designee, and within the timeframe specified in the investigation summary. A CAP is a formal action taken by BDS when a finding determines noncompliance with state and/or federal rules or program requirements.

Note: In situations involving immediate health and safety concerns, the timeline for submitting a Corrective Action Plan (CAP) may be shortened at the discretion of BDS. The provider shall comply with any expedited deadlines communicated in such cases to ensure timely resolution and mitigation of risk.

2. Within ten (10) business days of the date of issuance of an investigation summary, a provider may submit an alternative CAP, assigned by BDS, or its designee, with the following being adhered to:
 - a. The provider must submit the alternative CAP through the designated system for consideration;
 - b. The proposed alternative corrective action will be reviewed by BDS or its designee to determine if it meets the criteria to address deficiencies identified during the investigation;
 - c. The provider will be notified if the alternative corrective action is approved, if there are modifications to the proposed corrective action, or if the original corrective action stands.

Validation of Corrective Action Plans:

1. Upon validation of the successful implementation of a CAP as determined by BDS, or its designee, BDS, or its designee, shall notify the following entities electronically of complaint closure:
 - a. The provider indicated;
 - b. The complainant; and
 - c. The individual(s) who were the focus of the complaint, as well as their legal representatives, when applicable.
2. When BDS, or its designee, is unable to validate successful implementation of a CAP, BDS, or its designee, BDS shall notify the provider of the reason(s) for non-validation and alert the provider to a 2nd attempt at validation, to occur within twenty (20) business days of the 1st validation attempt, with the following being adhered to:
 - a. If BDS, or its designee, is unable to validate successful implementation of a CAP following the second verification, the provider will receive notification that they have been referred to the state for further action;
 - b. The provider may be subject to a citation of violation which may include:
 - i. Civil sanctions;
 - ii. Moratorium; and/or

- iii. Termination as a BDS provider.

Written Communication:

All written communication between a provider and BDS, or its designee, shall be in electronic format using BDS designated electronic platform and/or email (emails must be encrypted and/or meet HIPAA compliance).

Additional Notifications:

1. Notification of suspected fraud shall be provided as indicated to:
 - a. The Medicaid Fraud Control Unit of Indiana; and/or
 - b. The Social Security Administration Office of the Inspector General; and/or
 - c. Other entities as determined by BDS.

Invalid Complaints:

1. If a complaint is determined to be invalid:
 - a. The complainant is contacted and notified that there is not a violation of 460 IAC or 455 IAC. The complainant is also provided with any applicable resources.
 - b. As applicable, the complaint is referred to the appropriate entity which may include:
 - i. Indiana Department of Health;
 - ii. Division of Family Resources;
 - iii. Office of Medicaid Policy and Planning;
 - iv. Vocational Rehabilitation;
 - v. Division of Mental Health and Addiction;
 - vi. Other entities as determined by BDS.
 - c. The complaint is marked invalid in the system.

References:

IC 12-8-1.6-4(b)(8)
IC 12-9-1-1
IC 12-9-2-3
IC 12-10-13-3.3
IC 12-11-1.1-1
IC 12-11-2.1
IC 12-12.5-1-3
45 CFR 160.103
45 CFR 164.502
455 IAC 2-6-4

455 IAC 2-6-5
455 IAC 2-8-2
455 IAC 2-14-1
455 IAC 2-15-2
455 IAC 2-15-3
455 IAC 2-16-1
455 IAC 2-16-2
460 IAC 6-7-2
460 IAC 6-9-4
460 IAC 6-15-2
460 IAC 6-16-3
460 IAC 6-16-4
460 IAC 6-17-2
460 IAC 6-17-3

Authorized by:



Holly Wimsatt, BDS Director

on: 12/02/2025

Date



Kelly Mitchell, DDRS Director