IN FSSA Home and Community Based Settings Statewide Transition Plan Newsletter

Newsletter, Issue 3

The Indiana Family and Social Services Administration (FSSA) produces a Home and Community Based Services (HCBS) newsletter on a quarterly basis. The newsletter’s purpose is two-fold:

1. To provide a modest amount of background and some additional resources about the purpose of the HCBS Statewide Transition Plan.
2. To provide updates on the development of the HCBS Statewide Transition Plan (STP) rollout and the individual milestones reached by the Division of Aging (DA), the Division of Mental Health (DMHA) and Division of Disability and Rehabilitative Services (DDRS).

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

Overview of the HCBS Transition Plan key elements
UPDATE: Statewide Transition Plan Public Comment Period

In March of 2014, the Centers for Medicare and Medicaid Services established the HCBS Final Rule, which set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The intent of the new rule is to ensure that people receiving services through the HCBS waiver programs operated by the State of Indiana receive services in the most integrated settings. The settings include both residential and non-residential settings where services through the waiver program are received. The end goal is to truly enhance the quality of HCBS and provide additional protections to individuals that receive services under these Medicaid authorities. The Indiana Family and Social Services Administration is working to maintain compliance through the development of the Statewide Transition Plan, which must be shared for public comment prior to final submission.

The public comment period for the modified Statewide Transition Plan (STP) is currently under way. FSSA is working with its contractor Public Consulting Group (PCG) to gather comments, provide responses and make recommended changes to the STP, as applicable. PCG is tracking and summarizing all comments before sending them to division leadership for review and response. Each comment will be reviewed individually. In cases in which the state's determination of service approach differs from recommendations provided through public comment, the additional evidence and rationale that the state used to confirm the determination will be added to the modified plan. The summary of comments, in addition to a summary of modifications made in response to the public comments will be added and submitted to the Centers for Medicare and Medicaid Services (CMS) by April 30, 2016. Following submission, the updated plan will be posted on the FSSA HCBS Final Rule webpage. The final version of the STP will remain posted to the FSSA website for the duration of the transition period, which ends March 17, 2019.

FSSA Division Updates

Division of Aging (DA)

Division of Aging: Rule Writing Efforts Underway

When CMS released the HCBS Final Rule in early 2014, it emphasized that states needed to start their systemic assessments by reviewing and amending the rules, policies, waiver language and survey tools to ensure compliance with the new CMS HCBS Rule. The Division of Aging (DA) had already been working on 455 IAC 2.1, the rule popularly known as the “Aging Rule”, but changed direction following release of the Rule to incorporate requirements of the CMS rule. The draft rule has not been released for formal comment yet, but we recently shared a draft version of this rule with our partner stakeholder groups for preliminary review and comment.

Stakeholders were quick to recognize that the new requirements of the CMS rule potentially conflicted with the State Department of Health Residential Licensing Rule (410 IAC 16.2). They have collaborated with the Indiana State Department of Health (ISDH) to create a work group tasked with reviewing and updating the residential licensing rule as appropriate. Any changes that may be made to the ISDH rules will have implications for the Aging Rule and for the Statewide Transition Plan.

There is concern that the current rules require Assisted Living (AL) communities to act in an institutional manner that is in conflict with the CMS Rule. The DA will be a regular participant in the discussion of updating the ISDH Rule in order to ensure that we can be responsive as appropriate to the changes that might be planned by the Residential Rules group. The DA needs to make significant decisions soon in order to finalize the Aging Rule and get it formally into the promulgation process, but these decisions are somewhat dependent on the work being done by the residential rules workgroups. The DA will continue to work with representatives of the provider community and other stakeholders on these issues.
**UPDATE: Site visits to Division of Aging providers**

FSSA is working with PCG to conduct provider site visits across the state. To date, PCG representatives have visited 37 providers out of an anticipated 141 providers. Site visits in the Northern region began on March 9, 2016. So far, PCG has completed 26 visits out of the 61 anticipated in this region. Site visits in the Central Region began on March 16, 2016. PCG has completed 11 visits out of the 80 anticipated site visits. Consultants will soon begin visits to an anticipated 20 site visits across the Southern region. The PCG team will present its preliminary findings to the Division of Aging at the end of March, and a final report will be written and posted to the FSSA website following completion of all site visits.

**Division of Mental Health and Addiction (DMHA)**

**DMHA Outreach and Training**

The FSSA/DMHA Adult 1915(i) State Evaluation Team recently hosted two information sessions on the CMS HCBS Final Rule and Indiana’s HCBS Statewide Transition Plan (STP). The webinar sessions targeted Indiana’s network of 25 community mental health centers (CMHCs), which are the exclusive providers of the adult 1915(i) service programs Adult Mental Health Habilitation (AMHH) and Behavioral and Primary Healthcare Coordination (BPHC). The purpose of the information sessions was to summarize the requirements of the CMS HCBS Final Rule, educate providers on the impact of the Final Rule with regard to the AMHH and BPHC programs, as well as introduce the compliance timeline and action elements of the proposed transition plan. Key features of the proposed STP were shared with provider agencies, including: setting identification; initial assessment, data collection and preliminary compliance designation; remediation plan formats and timeframes; and ongoing monitoring of HCBS compliance. A unique feature of the sessions was the opportunity for provider agencies to ask questions, offer feedback, share concerns and offer suggestions about the proposed action steps and milestones in the STP. Receiving feedback from providers was an opportunity for FSSA/DMHA to partner with HCBS providers in developing the STP.

Several milestones toward HCBS compliance have been reached or are rapidly approaching. The CMHCs have completed self-assessments of their provider owned, controlled or operated (POCO) residential settings. Resident surveys, a vital means by which a member’s experience of living at a POCO residential facility, were completed in mid-March 2016, and about 1,000 responses were received. Initial compliance designations for all POCO settings (residential and non-residential) will be complete by May 31, 2016, enabling early implementation of required remediation activities.

**Division of Disability and Rehabilitative Services (DDRS)**

**DDRS Transition Planning**

CMS is requiring states to review and analyze all residential and non-residential settings in which Medicaid HCBS services are delivered and report their findings via the Statewide Transition Plan.

As part of Indiana’s Transition Plan, DDRS completed a review of the agency’s policies, procedures and other guidance to see if all were compliant with the Final Rule for both residential and non-residential settings. Through this review, DDRS determined that a number of policies and procedures should be updated by the state to ensure overall compliance with the Final Rule. Revisions to policies and procedures will be drafted to ensure compliance.

A special thank you to families, participants and case managers for your involvement with the Division of Disability and Rehabilitative Services’ Individual Experience Survey (IES). The IES was closed as of January 31, 2016 with over
90 percent of waiver participants completing the survey. The data is now being analyzed and is on target for final review by April 1, 2016. The data will determine how people receiving services and supports experience their day to day activities in their communities. The next step will be to validate the information provided by conducting site visits on those identified as needing further review. These visits are targeted for completion by July 31, 2016.

DDRS is also evaluating how non-residential providers could complete a self-assessment to determine general compliance with the HCBS rule. Specific evidence supporting compliance can include provider specific policies, trainings, practices, etc., which support the claim of compliance. An HCBS workgroup has been created to discuss this and other possible means to measure ongoing compliance with the HCBS rule.

What is included in the Indiana Statewide Transition Plan?

The plan includes a detailed description of how and what FSSA/DDRS has done or will do to ensure compliance with the requirements of this new rule. The new rule applies to both residential and non-residential settings. In the plan submitted by DDRS, it includes the steps that DDRS has taken to review current services and the future plans for additional reviews.

The DDRS Transition Plan includes the following major activities:

- Assessment of all residential and non-residential settings (Complete)
  - Comprehensive provider and participant survey
  - Site specific assessments
- Assembling a Transition Taskforce to provide technical assistance and support
- Revisions to DDRS Waiver Manual, forms and training process
- Policy modification through the revision of policies and procedures
- Development of a Corrective Action Process
- Revisions to Indiana Code