IHCP *banner page*

FSSA extends the HCBS Provider Readiness Grant deadline

The Indiana Family and Social Services Administration (FSSA) has extended the deadline for Home- and Community- Based services (HCBS) Provider Readiness Grants to Nov. 21, 2022. To apply, interested eligible HCBS Aged & Disabled (A&D) Waiver providers should submit the required grant attestation form.

Purpose: The purpose of the grant is to support providers as they participate in the HCBS Provider Readiness Trainings, collaborate with managed care entities for contract readiness and develop their organization's readiness plan. FSSA recognizes the time and effort it takes for providers to transition to a new system and prioritizes supporting providers as they prepare for the managed care system in 2024.

The Office of Medicaid Policy and Planning (OMPP) is awarding one-time funds at $20,000 per grant to support the implementation of a readiness project. These grant funds serve to compensate HCBS long term services and supports (LTSS) providers for time away from their day-to-day agency work and include the following areas:

- Complete seven HCBS Provider Readiness Trainings announced by the OMPP before May 15, 2023. The trainings are posted on the *Inform Indiana* page at advancingstates.org.

- Develop and implement a readiness project that enhances your business model and leads to better health outcomes for the Hoosiers served.

Eligibility criteria: To be eligible for the HCBS Provider Readiness Grant, providers must be an IHCP-approved HCBS LTSS A&D waiver provider.

For more information, please see the HCBS page or *HCBS Provider Readiness Grants FAQs* at in.gov/fssa/ompp. Please submit any questions to hcbs.spendplan@fssa.in.gov.

IHCP to allow additional diagnosis codes to preventive pediatric care

The Indiana Health Coverage Programs (IHCP) has determined that, effective Dec. 15, 2022, the diagnosis codes in Table 1 will be added to the list of preventive pediatric care diagnosis codes that bypass third-party liability (TPL) edits. Based on the classification of the diagnosis codes and Preventive Pediatric screening guidelines, these diagnosis codes were deemed to fit the criteria for addition to the group of codes that bypass cost avoidance. No further action is needed from IHCP providers.

continued

Table 1 – Additional preventive pediatric care diagnosis codes that will bypass cost avoidance effective Dec. 15, 2022

Diagnosis code	Description
Z13.40	Encounter for screening for unspecified developmental delays
Z13.41	Encounter for autism screening
Z13.42	Encounter screen for global developmental delays (milestones)
Z13.49	Encounter for screening for other developmental delays

The codes in Table 1 will be added to *Preventive Pediatric Care Diagnosis Codes That Bypass Cost Avoidance* accessible from the *Code Sets* page at in.gov/medicaid/providers.

Billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish billing and reimbursement criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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