



Division of Disability and Rehabilitative Services
Bureau of Developmental Disabilities Services

Home and Community Based Settings
Waiver Renewal Fact Sheet

July 16, 2020

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General

The effective date of the Bureau of Developmental Disabilities Services (BDDS) Family Supports (FS) and Community Integration and Habilitation (CIH) waiver renewals is July 16, 2020.

Changes have been made to the list of services included in this fact sheet. Some changes are more extensive than others, however case managers should be knowledgeable of all substantive changes and the benefits they provide individuals and their families.

Family Supports Waiver

Edits were made to all service descriptions for clarity, readability, as well as to align with current waiver service terminology.

Adult Day Services

The language defining the service has been enhanced to reflect person-centered and strength based provision of this service. Provider qualifications have been updated to provide clarity.

Behavioral Support Services

The service definition has been updated to provide an array of services designed to support individuals who are experiencing or are likely to experience challenges accessing, and actively participating in the community as a result of behavioral, social, or emotional challenges. Behavioral support services are intended to empower individuals and families (by leveraging their strengths and unique abilities) to achieve self-determination, interdependence, productivity, integration and inclusion in all facets of community life, across all environments, across the lifespan.

Reimbursable activities have been clarified to align with the revised service definition.

Case Management

The fee for Annual Planning and Assessment has been rolled in to the Case Management monthly rate. The new monthly rate is \$143.75. Case management companies (CMCOs) billing in July prior to the implementation date of July 16, 2020 will receive the \$131.25 rate.

Additionally, language was modified to include contact every 90 days. Implementation of this requirement has not changed. Team meetings and face-to-face visit requirements will continue to be based on the service plan year.

Community Based Habilitation

This service is being transitioned to Day Habilitation, with the Day Habilitation effective date of 8/1/20.

Day Habilitation NEW SERVICE

Day Habilitation replaces the services Community Based Habilitation (individual and group) and Facility Based Habilitation (individual and group). Day Habilitation is intended to give more flexibility to waiver participants and providers, as it includes language that allows services to be provided in a variety of settings in the community or in a facility owned or operated by a DDRS-approved provider.

BDDS approved Day Habilitation providers include community-based facilitation service providers and facility-based habilitation service providers. The large group ratio size of 11:1 to 16:1 only applies to delivery of this service in a facility setting.

To lessen the record keeping burden on providers, this change will be effective **August 1, 2020**.

Guidance entitled Day Habilitation: Service Definition and Standards, has been developed for providers of this services. It includes requirements for documentation in the PCISP.

- The PCISP must outline the day habilitation services needed by the participant to pursue their desired outcomes as identified during the person-centered planning process.
- The need for service continuation is to be evaluated annually by the IST and reflected in the PCISP.
- Each outcome within the PCISP must have at least one associated strategy and action step that addresses potential barriers or maintenance needs
- Each outcome also identifies all paid and unpaid responsible parties and includes the name(s) of each responsible party including the provider, the service, and the staffing positions within the agency. The participant may choose to be the responsible party.
- Each outcome must have a specific time frame identified, including a minimum time frame for review.
- Documentation must include any progress toward outcomes in addition to any changes or modifications within the PCISP.

An allowable relative of the participant may be a direct support professional of day habilitation services.

- The relative must be employed by a BDDS approved waiver provider.
- The decision that a relative is the most appropriate option to provide supports must be part of the person-centered planning process and is documented in the PCISP. When the direct support professional is a relative, there is an annual review by the IST to determine whether the participant's relative should continue to be the provider of day habilitation services.

Services may be provided in a group setting.

- The decision that services should be provided in a group setting must be part of the person-centered planning process and is documented in the PCISP.
- The PCISP must reflect the ratio appropriate for the individual during service delivery. Upon request, the provider must be able to verify in a concise format the ratio for each participant during the claimed time frame of service.

Environmental Modifications NEW to FSW

This service has been added to the FS waiver. The service definition and limitations are identical to those in the CIH waiver. The \$15,000 environmental modifications lifetime cap and the \$500 available per year for service and repair are outside of the FS waiver cap.

Facility Based Habilitation

This service is being transitioned to Day Habilitation with the Day Habilitation effective date of 8/1/20.

Family and Caregiver Training

The reimbursement limit of this services has been increased to \$5000 per year.

Additional reimbursable activities were added and others revised to provide clarity for service providers and waiver participants.

- Educational materials or training programs, workshops, and conferences for caregivers that are directly related to the caregiver's role in supporting the participant in areas specified in the PCISP that relate to:
 - Understanding the disability of the participant;
 - Achieving greater competence and confidence in providing supports;
 - Developing and accessing community and other resources and supports;
 - Developing or enhancing key parenting strategies;
 - Developing advocacy skills; and
 - Supporting the participant in developing self-advocacy skills.
- Education and training does not include counseling and must be aimed at assisting caregivers who support the participant to understand and address participant needs as specified in the PCISP.

Activities that are not allowed were revised to provide clarity for service providers and waiver participants.

- Educational materials or training programs, workshops, and conferences that are not related to the caregiver's ability to support the individual.
- Education and training may not be provided in order to train providers, even when those providers will subsequently train caregivers.
- Training provided to caregivers who receive reimbursement for training costs within their Medicaid line item reimbursement rates.
- Cost of travel, meals, and overnight lodging while attending the training program, workshop, or conference.

Intensive Behavioral Intervention

The service definition has been updated to include an enhanced focus on developing effective behavior management strategies for participants whose challenging behavioral issues put them at risk of placement in a more restrictive residential setting. Services are designed to reduce a participant's behaviors and improve independence and inclusion in the community.

Music Therapy

Language within reimbursable activities has been enhanced to reflect treatment of the psychological and psychosocial aspects of the individual's disability that interrupt or interfere with their daily life. Provider qualifications have been updated to provide clarity.

Participant Assistance and Care

The service definition has been updated to reflect individually tailored supports that are specified in the PCISP.

An allowable relative of the participant may be a provider of participant assistance and care. Please see the section regarding Paid Family Caregiver Changes.

Please note, outside of the temporary pandemic-related allowances of Appendix K, this service may not be provided to a minor by the parent(s), step-parent(s) or guardians; and services may not be provided to a participant by the participant's spouse.

Prevocational Services

The service definition has been updated to reflect a person-centered, strengths based provision of the service. Pre-vocational services are intended to develop and teach general skills that lead to competitive and integrated employment including effective communication, generally accepted workplace conduct and dress, following directions, attention to tasks, problem solving skills, workplace safety and mobility training.

Remote Supports NEW to FSW

Previously known as Electronic Monitoring in the CIH waiver, this service has been added to FS waiver. Remote Supports is available to adult waiver participants and individuals 14 to 17 years of age to foster developmentally-appropriate independence and not to replace typical parental supervision.

To encourage families using the FS waiver to try the service, the first \$500 of Remote Supports added in any service plan year will be outside of the \$17,300 cap.

Individuals on the FS waiver who select Remote Supports:

- Will meet with the remote supports provider to determine the type of remote supports to be provided;
- Will discuss with the provider the feasibility of addition the service within the budget over the \$500 allowance outside the cap; and
- Will have family or friends who can provide emergency back-up when needed.

The Remote Supports service must be included in the PCISP and providers included as members of the Individualized Support Team (IST)

Direct selection of Remote Support providers is required for FS waiver participants.

Respite

The service definition and been updated to clarify that the service can be provided when the unpaid person who normally cares for the individual is in OR out of the home.

Specialized Medical Equipment and Supplies

The service definition has been enhanced for clarity. The lifetime CAP of \$7500 on vehicle modifications under the FS waiver applies only to the FS waiver just as the lifetime CAP of \$15000 on vehicle modifications under the CIH waiver applies only to the CIH waiver.

Transportation

The service definition has been enhanced for clarity. Levels of service and annual limits have been added to the FS waiver non-medical transportation service to match those included in the CIH waiver:

- Level 1 transportation = \$2625
- Level 2 transportation = \$5250
- Level 3 transportation = \$7875

Please note, no waiver participant is excluded from participating in non-medical waiver transportation services.

Community Integration and Habilitation Waiver

Edits were made to all service descriptions for clarity, readability, as well as to align with current waiver service terminology.

Adult Day Services

The language defining the service has been enhanced to reflect person-centered and strength based provision of this service. Provider qualifications have been updated to provide clarity.

Behavioral Support Services

The service definition has been updated to provide an array of services designed to support individuals who are experiencing or are likely to experience challenges accessing, and actively participating in the community as a result of behavioral, social, or emotional challenges. Behavioral support services are intended to empower individuals and families (by leveraging their strengths and unique abilities) to achieve self-determination, interdependence, productivity, integration and inclusion in all facets of community life, across all environments, across the lifespan.

Reimbursable activities have been expanded to align with the revised service definition.

As part of implementation, guidance will be provided that clarifies the requirements for documentation standards.

Case Management

The fee for Annual Planning and Assessment has been rolled in to the Case Management monthly rate. The new monthly rate is \$143.75. Case management companies (CMCOs) billing in July prior to the implementation date of July 16, 2020 will receive the \$131.25 rate. The Transitional Case Management rate has not been increased and will continue to be paid at the rate of \$131.25.

Additionally, language was modified to include contact every 90 days and one unannounced home visit per year for waiver participants residing in a provider owned or controlled setting (POCOS). Implementation of these requirements has not changed. Team meetings and face-to-face visit requirements will continue to be based on the service plan year. For residents residing in a provider owned or controlled setting (POCOS), the unannounced visit in the home will continue to be required every 365 days.

Community Based Habilitation

This service is being transitioned to Day Habilitation, with an effective date of 8/1/20 for Day Habilitation.

Community Transition

The one-time set-up expense allowance has been increased to \$2500. This increased allowance is only available to individuals who have not previously accessed community transition funds.

Day Habilitation NEW

Day Habilitation replaces the services Community Based Habilitation (individual and group) and Facility Based Habilitation (individual and group). Day Habilitation is intended to give more flexibility to waiver

participants and providers, as it includes language that allows services to be provided in a variety of settings in the community or in a facility owned or operated by a DDRS-approved provider.

BDDS approved Day Habilitation providers include community-based facilitation service providers and facility-based habilitation service providers. The large group ratio size of 11:1 to 16:1 only applies to a facility setting.

To lessen the record keeping burden on providers, this change will be effective **August 1, 2020**.

Guidance entitled Day Habilitation: Service Definition and Standards, has been developed for providers of this services. It includes requirements for documentation in the PCISP.

- The PCISP must outline the day habilitation services needed by the participant to pursue their desired outcomes as identified during the person-centered planning process.
- The need for service continuation is to be evaluated annually by the IST and reflected in the PCISP.
- Each outcome within the PCISP must have at least one associated strategy and action step that addresses potential barriers or maintenance needs
- Each outcome also identifies all paid and unpaid responsible parties and includes the name(s) of each responsible party including the provider, the service, and the staffing positions within the agency. The participant may choose to be the responsible party.
- Each outcome must have a specific time frame identified, including a minimum time frame for review.
- Documentation must include any progress toward outcomes in addition to any changes or modifications within the PCISP.

An allowable relative of the participant may be a direct support professional of day habilitation services.

- The relative must be employed by a BDDS approved waiver provider.
- The decision that a relative is the most appropriate option to provide supports must be part of the person-centered planning process and is documented in the PCISP. When the direct support professional is a relative, there is an annual review by the IST to determine whether the participant's relative should continue to be the provider of day habilitation services.

Services may be provided in a group setting.

- The decision that services should be provided in a group setting must be part of the person-centered planning process and is documented in the PCISP.
- The PCISP must reflect the ratio appropriate for the individual during service delivery. Upon request, the provider must be able to verify in a concise format the ratio for each participant during the claimed time frame of service.

Electronic Monitoring

Name changed to Remote Supports

Facility Based Habilitation

This service has been removed and replaced with Day Habilitation.

Family and Caregiver Training

The reimbursement limit of this services has been increased to \$5000 per year.

Additional reimbursable activities were added and others revised to provide clarity for service providers and waiver participants.

- Educational materials or training programs, workshops, and conferences for caregivers that are directly related to the caregiver's role in supporting the participant in areas specified in the PCISP that relate to:
 - Understanding the disability of the participant;
 - Achieving greater competence and confidence in providing supports;
 - Developing and accessing community and other resources and supports;
 - Developing or enhancing key parenting strategies;
 - Developing advocacy skills; and
 - Supporting the participant in developing self-advocacy skills.
- Education and training does not include counseling and must be aimed at assisting caregivers who support the participant to understand and address participant needs as specified in the PCISP.

Activities that are not allowed were revised to provide clarity for service providers and waiver participants.

- Educational materials or training programs, workshops, and conferences that are not related to the caregiver's ability to support the individual.
- Education and training may not be provided in order to train providers, even when those providers will subsequently train caregivers.
- Training provided to caregivers who receive reimbursement for training costs within their Medicaid line item reimbursement rates.
- Cost of travel, meals, and overnight lodging while attending the training program, workshop, or conference.

Intensive Behavioral Intervention

The service definition has been updated to include an enhanced focus on developing effective behavior management strategies for participants whose challenging behavioral issues put them at risk of placement in a more restrictive residential setting. Services are designed to reduce a participant's behaviors and improve independence and inclusion in the community.

Music Therapy

Language within reimbursable activities has been enhanced to reflect treatment of the psychological and psychosocial aspects of the individual's disability that interrupt or interfere with their daily life. Provider qualifications have been updated to provide clarity.

Prevocational Services

The service definition has been updated to reflect a person-centered, strengths based provision of the service. Pre-vocational services are intended to develop and teach general skills that lead to competitive and integrated employment including effective communication, generally accepted workplace conduct and dress, following directions, attention to tasks, problem solving skills, workplace safety and mobility training.

Remote Supports New Name

Previously known as Electronic Monitoring, the revised service definition allows for the provision of services to individuals 14 to 17 years of age to foster developmentally-appropriate independence and not

to replace typical parental supervision. Additionally, individuals utilizing the CIH waiver will have the option of choosing a Remote Supports provider directly or going through an approved residential habilitation provider.

Rent and Food for Unrelated Live-in Caregiver

The limitations of this service have been updated to include language that waiver participants cannot receive live-in caregiver services and structured family caregiving services concurrently.

Residential Habilitation and Support

The service definition has been updated to reflect individually tailored supports that are specified in the PCISP.

An allowable relative of the participant may be a provider of Residential Habilitation and Support. Please see the section regarding Paid Family Caregiver Changes.

Please note: Outside of the temporary pandemic-related allowances of Appendix K, this service may not be provided to a minor by the parent(s), step-parent(s) or guardians; and services may not be provided to a participant by the participant's spouse.

Respite

The service definition and been updated to clarify that the service can be provided when the unpaid person who normally cares for the individual is in OR out of the home.

Specialized Medical Equipment and Supplies

The service definition has been enhanced for clarity. The lifetime CAP of \$15000 on vehicle modifications under the CIH waiver applies only to the CIH waiver just as the lifetime CAP of \$7500 on vehicle modifications under the FS waiver applies only to the FS waiver.

Structured Family Caregiving

The service definition has been updated to better align with current Indiana policy and practice. An update to the limitations was made to allow a maximum of four waiver participants per structured family caregiving household.

Transportation

The service definition has been updated to better align with current Indiana policy and practice. Please note, no waiver participant is excluded from participating in non-medical waiver transportation services.

Paid Family Caregiver Changes

This section applies to Participant Assistance and Care under the FSW and Residential Habilitation and Support under the CIHW.

- If a relative of the participant provides the service:
 - The decision that a relative is the best choice of persons to provide these services is a part of the person-centered planning process and is documented in the PCISP.
 - There is to be an annual review by the Individualized Support Team (IST) to determine whether the participant's relative should continue to be the provider of PAC or RHS.
 - Exploring documentation of the IST conversation as a component of case record reviews.

- Reimbursable waiver funded PAC or RHS services furnished to a waiver participant by an allowable paid relative and/or legal guardian may not exceed a total of 40 hours per week per paid relative and/or legal guardian caregiver.
- Outside of the temporary allowances of Appendix K through August 31, 2020, services may not be provided to a minor by the parent(s), step-parent(s) or guardians; and services may not be provided to a participant by the participant's spouse.

Required Waiver Quality Assurance System

Waiver assurances were put into place by Congress to address the unique challenges of assuring the quality of services delivered to vulnerable persons living in their community. These required assurances must meet the expectations set forth by the Centers for Medicare and Medicaid Services (CMS).

Home and Community Based Services are meant to be person-centered which means individuals actively engage in making decisions about their life including services and supports they want, when they want them, and who they want to provide them. Assessing the quality of the services and supports being provided in home and community settings can be challenging. For example, individuals may not report problems because they are afraid of losing their supports or staff; there is no one on site at all times to monitor care and services; and individuals may be vulnerable but unable to seek help.

The Bureau of Developmental Disabilities Services (BDDS) HCBS waivers include assurances in the areas of level of care, participant services, participant-centered planning and service delivery and participant safeguards. Metrics are calculated for all waiver assurances and reported to the Quality Improvement Executive Committee (QIEC) for potential inclusion as an area of deficiency in the annual report to CMS.

Level of Care – Appendix B

Quality Improvement: Level of Care

- An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
- The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.
- The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

Participant Services – Appendix C

Quality Improvement: Qualified Providers

- The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
- The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
- The state implements policies and procedures for verifying that providers training is conducted in accordance with state requirements and the approved waiver.

Participant-Centered Planning and Service Delivery – Appendix D

Quality Improvement: Service Plan (Person-Centered Individualized Support Plan - PCISP)

- a. Service plans (PCISPs) address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
- b. The State monitors service plan (PCISP) development in accordance with its policies and procedures.
- c. Service plans (PCISPs) are updated/revised at least annually or when warranted by changes in the waiver participant needs.
- d. Services are delivered in accordance with the service plan (PCISP), including the type, scope, amount, duration and frequency specified in the service plan.
- e. Participants are afforded choice: between waiver services and institutional care; and between/among waiver services and providers.

Note: For more information on participant-centered planning and service delivery, please see the Bureau of Quality Improvement Services (BQIS) [Case Record Review \(CRR\) Interpretive Guidelines](#).

Participant Safeguards – Appendix G

Quality Improvement: Health & Welfare

- a. The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.
- b. The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.
- c. The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
- d. The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.