

## Division of Disability and Rehabilitative Services Provider Services Frequently Asked Questions

**Question: How do I become a Bureau of Developmental Disability Services (BDDS) waiver provider?**

Answer: Information regarding the application process and the qualifications to become a BDDS waiver provider are set forth in 460 IAC 6. The education, experience and professional qualifications required of a provider vary based on the type of service they would like to provide. Individuals and organizations need to determine the services they have interest in and determine if their qualifications meet the requirements. The service definitions are set forth in 460 IAC 6-3.

**Question: Are county background checks needed for the counties of residence or work?**

Answer: In addition to the required criminal backgrounds checks as set forth in 460 IAC 6-10-5, county background checks are required for any owner, officer, director, employee, contractor, subcontractor or agent involved in the management, administration, or provision of services. The county background check must be for the counties in which the individual resided and worked for the prior three years.

**Question: What is a group home?**

Answer: Supervised Group Living (SGL) or group homes is another residential option and alternative to waiver placement for eligible individuals with intellectual and developmental disabilities needing services.

Group homes fall into nine different categories based on an individual's level of need:

- Sheltered Living
- Intensive Training
- Child Rearing
- Child Rearing with Special Programs
- Basic Developmental
- Developmental Training
- Small Behavior Management Residence for Children
- Small Extensive Medical Needs
- Extensive Support Needs

The residences are governed by state and federal regulations and are monitored by the Indiana State Department of Health (ISDH). For specific information, reference [460 IAC 9](#).

**Question: How does an individual or organization apply to become a SGL provider?**

Answer: The [Indiana State Department of Health Web page](#) provides valuable information for those interested in learning more about SGL.

## Division of Disability and Rehabilitative Services Provider Services Frequently Asked Questions

### **Question: What is a Medicaid Waiver?**

Answer: The Medicaid Waiver program began in 1981, in response to the national trend toward providing Home and Community-Based Services (HCBS). In the past, Medicaid paid only for institutionally based long-term care services, such as nursing facilities and group homes.

Indiana applies for permission to offer Medicaid Waivers from the Centers for Medicare and Medicaid Services. The Medicaid Waivers make use of federal Medicaid funds, plus state matching funds, for HCBS, as an alternative to institutional care, under the condition that the overall cost of supporting people in the home or community is no more than the institutional cost for those individuals.

The goals of waiver services are to provide to the person meaningful and necessary services and supports, to respect the person's personal beliefs and customs, and to ensure that services are cost-effective.

Specifically, a Medicaid Waiver for an individual with a developmental disability would assist the person to:

- Become integrated in the community where he/she lives and works
- Develop social relationships in the person's home and work communities
- Develop skills to make decisions about how and where the person wants to live
- Be as independent as possible

DDRS oversees two waiver programs, the Community Integration and Habilitation Waiver and the Family Supports Waiver.

#### Community integration and Habilitation (CIH) Waiver

CIH is a combination of the Autism and the Developmental Disability Waivers and provides services that enable persons to remain in their homes or in community settings and assists transitions from institutions into community settings. This is a needs-based waiver and designed to provide supports for persons to gain and maintain optimum levels of independence and community integration while allowing flexibility in the provision of those supports.

#### Family Supports Waiver (FSW)

Formerly the Support Services Waiver, the FSW is designed to provide limited, non-residential supports to persons with developmental disabilities residing with their families or in other settings with informal supports.

### **Question: I have an extra room in my home. How can I become a home for a developmentally disabled person?**

Answer: All providers of services must meet specific standards to be approved as a Medicaid Waiver provider. Provider application guidelines are available on the [BDDS Provider Services Web page](#).

## Division of Disability and Rehabilitative Services Provider Services Frequently Asked Questions

### **Question: If my application is approved by DDRS Provider Services, what happens next?**

Answer: Once a provider is approved by DDRS Provider Services, the provider must submit an application to Indiana Medicaid to become approved for Medicaid billing. The Indiana Medicaid Provider Application site is [available by clicking here](#).

Once DDRS is notified by Indiana Medicaid that a provider is approved, DDRS Provider Services will place the provider on a “pick list.” The pick list is used by individuals to see which providers are available for the approved service(s) and the counties the provider may service.

### **Question: How long does the provider application process take?**

Answer: DDRS issues determinations within 60 days of a provider’s submission of a completed application.

### **Question: For services that require national accreditation, what organizations are approved to perform the accreditation?**

Answer: The list of approved national accrediting organizations are set forth in Indiana Code 12-11-1.1(j).

### **Question: What BDDS services require national accreditation?**

Answer: The services that require national accreditation are:

- Adult Day Services
- Community Habilitation
- Extended Services
- Facility Based Support Services
- Facility Habilitation
- Pre-Vocational
- Residential Habilitation and Support Services
- Case Management

Note: Respite Services may only be provided by an organization that has accreditation for adult day or residential habilitation services.

### **Question: How often does a provider need to renew its National Accreditation?**

Answer: The length of the accreditation is based on the accrediting organization’s program and if the provider meets the required standards at the time of accreditation.

## Division of Disability and Rehabilitative Services Provider Services Frequently Asked Questions

### **Question: What is the definition of CERT, Re-approval and DDR?**

Answer: The Compliance Evaluation and Review Tool (CERT), Re-approval and Data Driven Review (DDR) are programs managed by the Bureau of Quality Improvement Services (BQIS). CERT and Re-approval are quality control programs and DDR is a quality improvement program.

#### CERT

CERT is a set of standards that providers must follow to remain an approved provider. All new providers of BDDS waiver services are scheduled for a CERT in the first 12 months following approval of their application. The CERT process provides a collaborative opportunity between provider agencies and the State of Indiana to ensure policies, procedures, and employee files, related to approved services, are in compliance with requirements.

#### Re-approval

Waiver providers of residential services are re-approved at least once every three years as required by 460 IAC 6. BQIS schedules the Residential Habilitation providers for re-approval approximately 90 days prior to the expiration of their current approval period. During the re-approval process, providers are asked to review and discuss performance-based data, articulate the systems (e.g. policies, procedures, protocol, etc.) that exist, as required by 460 IAC Article 6, and how their policies, procedures, and protocols were implemented in a consistent manner, ensuring the health, safety, and welfare of the individuals they serve.

#### DDR

DDR process is an initiative designed to be proactive and collaborative. Working with providers of Indiana's Home and Community Based Services Medicaid Waiver Program, BQIS performs data analysis from a statewide perspective and identifies specific operational categories for improvement. Relying on best practices, providers are provided with tools and guidance to drive improvement within their organizations.

Providers are selected for DDR based on a combination of factors, including performance data in the selected topic, provider size and services provided. Approximately 15 providers are selected each quarter to participate in this quality improvement program.

### **Question: How do I add a county or a service if I am an existing approved provider?**

Answer: The requirements for adding a service are set forth in 460 IAC 6-6-6 and BDDS policy. When an approved provider wishes to add a service, the provider must complete the Request for Update of Provider Information or Addition of Services or Counties (existing providers) form which is available on the [BDDS Provider Services Web page](#). This form is also used by an existing approved provider to request the addition of a county.

## Division of Disability and Rehabilitative Services Provider Services Frequently Asked Questions

**Question: I am an existing provider and I no longer want to provider one of our services, who do I need to notify and is there a timeframe for notification?**

Answer: The notice requirements are set forth in the provider agreement and 460 IAC 6-9-7. If a provider would like to terminate a service it has been approved to provide, the provider must provide 60 days written notice to BDDS, any individual currently receiving ongoing services and the individual's legal representative (if applicable) and the individual's case manager.

**Question: I am thinking of selling my business or closing the operation. Who do I need to contact and is there a timeframe I need to adhere to?**

Answer: The notice requirements are set forth in the provider agreement. If a provider would like to terminate a service it has been approved to provide, the provider must provide 60 days written notice to BDDS, any individual currently receiving ongoing services and the individual's legal representative (if applicable) and the individual's case manager.

**Question: How do I find out why a claim is not being paid?**

Answer: Providers may send questions about claims for Waiver services to [Insite.Helpdesk@fssa.in.gov](mailto:Insite.Helpdesk@fssa.in.gov). The request should include the name and recipient identification number (RID) of the individual along with the dates of service and the service(s) being denied or partially paid. A provider may also contact Provider Customer Assistance at 1-800-577-1278, option 2. Additional information is available at [Indiana Medicaid](#).

Alternatively, the provider may contact the [Indiana Medicaid Provider Relations Field Consultants](#).

**Question: I need an educational and experience assessment for a behavior management candidate we would like to hire. What do I need to provide and who performs the assessment?**

Answer: A provider may determine if a Level 2 behavior management candidate is qualified without submitting documentation to the Behavior Management Committee. The requirements are set forth in 460 IAC 6-5-4. Candidates working toward a required degree or are awaiting licensure do not fit the definition outlined in 460 IAC 6-5-4.