# 1915(i) State plan Home and Community-Based Services Administration and Operation

The State implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

# Concurrent Operation with Other Programs:

This §1915(i) State Plan Amendment operates concurrently with an approved fee-for-service selective contracting waiver authorized under §1915(b)(4) of the Act, effective October 1, 2013.

1. Services. (Specify service title(s) for the HCBS listed in Attachment 4.19-B that the State plans to cover):

Adult Day Services

Home and Community Based (HCB) Habilitation and Support - Individual Setting

HCB Habilitation and Support - Family/Couple with the Recipient Present (Individual Setting).

HCB Habilitation and Support - Family/Couple without the Recipient Present (Individual Setting)

HCB Habilitation and Support - Group Setting

HCB Habilitation and Support - Family/Couple with Recipient Present (Group Setting)

HCB Habilitation and Support - Family/Couple without Recipient Present (Group Setting)

Respite Care

Therapy and Behavioral Support Services - Individual Setting

Therapy and Behavioral Support Services – Family/Couple with Recipient Present (Individual Setting)

Therapy and Behavioral Support Services – Family/Couple without Recipient Present (Individual Setting)

Therapy and Behavioral Support Services — Group Setting

Therapy and Behavioral Support Services - Family/Couple with Recipient Present (Group Setting)

Therapy and Behavioral Support Services – Family/Couple without Recipient Present (Group Setting)

Addiction Counseling - Individual Setting

Addiction Counseling - Family/Couple with Recipient Present (Individual Setting)

Addiction Counseling - Family/Couple without Recipient Present (Individual Setting)

Addiction Counseling – Group Setting

Addiction Counseling - Family/Couple with Recipient Present (Group Setting)

Addiction Counseling - Family/Couple without Recipient Present (Group Setting)

Peer Support Services

Supported Community Engagement Services

Care Coordination

Medication Training and Support - Individual Setting

Medication Training and Support - Family/Couple with Recipient Present (Individual Setting)

Medication Training and Support - Family/Couple without Recipient Present (Individual Setting)

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Medication Training and Support – Group Setting

Medication Training and Support – Family/Couple with Recipient Present (Group Setting)

Medication Training and Support – Family/Couple without Recipient Present (Group Setting)

2. Target Group(s). (If applicable, specify the target population(s) that the State plans to include):

The State elects to target this 1915(i) State Plan HCBS benefit to a specific population. With this election, the State will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the State may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C)

The target group includes Medicaid eligible adults who:

- Are age 35 or over with an eligible primary mental health diagnosis.
- Meet all eligibility criteria defined for 1915(i) services.

The diagnoses used in determining eligibility for the 1915(i) services include the Schizophrenic Disorders (295.xx) and the Major Depressive Disorder and Bipolar Disorders (296.xx) plus Delusional Disorder (297.1), Psychotic Disorder NOS (298.9, and Obsessive-Compulsive Disorder (300.3). The full list of diagnoses for 1915(i) services, TABLE OF MENTAL HEALTH AND ADDICTION DIAGNOSIS CODES, is attached to the SPA.

3 State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit. (Select one):

0		State plan HCBS benefit is operated by the S authority for the operation of the program (s					
	0	The Medical Assistance Unit (name of unit):					
	O Another division/unit within the SMA that is separate from the Medical Assistan						
		(name of division/unit)					
		This includes					
		administrations/divisions					
		under the umbrella					
		agency that have been identified as the Single					
		State Medicaid Agency.					
Ø		State plan HCBS benefit is operated by (name					
	Adı	ision of Mental Health and Addiction of the l ninistration					
	with adm reg	h 42 CFR §431.10, the Medicaid agency exercininistration and supervision of the State plan I ulations related to the State plan HCBS benefit	HCBS benefit and issues policies, rules and t. The interagency agreement or memorandum arrangements for this delegation of authority is				

4. Distribution of State plan HCBS Operational and Administrative Functions.

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By checking this box the State assures that): When the Medicaid agency does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. When a function is performed by an agency/entity other than the Medicaid agency, the agency/entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities. In the following table, specify the entity or entities that have responsibility for conducting each of the operational and administrative functions listed (check each that applies):

(Check all agencies and/or entities that perform each function):

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non- State Entity
l Individual State plan HCBS enrollment	Ø	Ø		П
2 Eligibility evaluation .	☑	Ø		Ø
3 Review of participant service plans	V	团	Б	
4 Prior authorization of State plan HCBS	Ø	Ø		
5 Utilization management	Ø	Ø	☑	
6 Qualified provider enrollment	Ø	Ø	o d	
7 Execution of Medicaid provider agreement	Ø	О	☑	
8 Establishment of a consistent rate methodology for each State plan HCBS	₫	团		
9 Rules, policies, procedures, and information development governing the State plan HCBS benefit	V	⊿		
10 Quality assurance and quality improvement activities	Ø	Ø		Ø

(Specify, as numbered above, the agencies/entities (other than the SMA) that perform each function):

Numbers 1-6, 8-10 are performed by the Division of Mental Health and Addiction (DMHA)

Numbers 2 and 10 are performed by a behavioral health service provider agency that is enrolled as a

Medicaid provider that meets all AMHH provider agency criteria as defined in the "Services" section.

Number 7 is performed by the Medicaid Fiscal Agent.

(By checking the following boxes the State assures that):

- 5. Conflict of Interest Standards. The State assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:
  - related by blood or marriage to the individual, or any paid caregiver of the individual
  - financially responsible for the individual
  - empowered to make financial or health-related decisions on behalf of the individual

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• providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the State, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified provider in a geographic area, and the State devises conflict of interest protections. (If the State chooses this option, specify the conflict of interest protections the State will implement):

The Independent State Evaluation Team is responsible for determining the 1915(i) eligibility and approving the individualized services requested in the proposed care plan. The members of this state team are prohibited from having any financial relationships with the applicant/recipient requesting services, their families or the entity selected to provide services. Assessments are completed and proposed plans of care (Individualized Integrated Care Plan – IICP) are submitted by a qualified provider entity to the Independent State Evaluation Team for final eligibility determination and care plan approval.

Responsibility for 1915(i) program eligibility determination and approval of the IICP proposed services in all cases is retained by the Independent State Evaluation Team in order to ensure no conflict of interest in the final determinations. The DMHA approved AMHH provider agency submits the results from the face-to-face assessment, required supporting documentation, and a proposed care plan to the state evaluation team for independent review. The state evaluation team determines eligibility for 1915(i) services based upon their review of the clinical documentation of applicant's identified needs and alignment of needs, goals and recommended services.

The state also requires documentation, signed by the applicant/recipient that attests to the following:

1) The recipient is an active participant in the planning and development of the 1915(i) HCP.

2) The recipient is the person requesting 1915(i) services on the HCP.

3) The recipient received a randomized list of eligible 1915(i) service provider agencies in his/her community; and has selected the provider(s) of his or her choice to deliver the 1915(i) service on the IICP.

In addition, AMHH provider agencies are required to have written policies and procedures available for review by the state which clearly define and describe how conflict of interest requirements are implemented and monitored. The state ensures compliance through policies designed to be consistent with CMS conflict of interest assurances and through quality assurance activities.

- 6. Fair Hearings and Appeals. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.
- 7. No FFP for Room and Board. The State has methodology to prevent claims for Federal financial participation for room and board in State plan HCBS.
- 8. Non-duplication of services. State plan HCBS will not be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities. For habilitation services, the State includes within the record of each individual an explanation that these services do not include special education and related services defined in the Individuals with Disabilities Improvement Act of 2004 that otherwise are available to the individual through a local education agency, or vocational rehabilitation services that otherwise are available to the individual through a program funded under §110 of the Rehabilitation Act of 1973.

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- 9. Residence in home or community. The State plan HCBS benefit will be furnished to individuals who reside in their home or in the community, not in an institution. The State attests that each individual receiving State plan HCBS:
  - (i) Resides in a home or apartment not owned, leased or controlled by a provider of any health-related treatment or support services; or
- (ii) Resides in a home or apartment that is owned, leased or controlled by a provider of one or more health related treatment or support services, if such residence meets standards for community living as defined by the State. (If applicable, specify any residential settings, other than an individual's home or apartment, in which residents will be furnished State plan HCBS. Describe the standards for community living that optimize participant independence and community integration, promote initiative and choice in daily living, and facilitate full access to community services):

Adult Mental Health Habilitation (AMHH) services are provided in home and community based settings. In this context, home refers to an environment of the consumers choosing, which is a part of the community at large. This may include individual/single occupancy dwellings, or residences which support multiple individuals. The DMHA certified residential settings in which some individuals may choose to live are intended to promote opportunities to assist and support each individual to grow and develop skills needed to continue to live in the community. While in a DMHA certified residential facility, the provider's responsibility is to ensure the resident's involvement in decisions that affect his/her care, daily schedules and lifestyles. The overall atmosphere of the setting is conducive to the achievement of optimal independence, safety and development by the resident with his/her input. The location of the facility is made to provide residents reasonable access to the community at large including but not limited to agency, medical, recreational, and shopping areas, by public or agency-arranged transportation. Please note, the certified residential settings are intended to be homes where the individual lives. The majority of services and behavioral health care is provided in other locations outside of the residence, such as in the community at large or in a clinic setting.

While AMHH services may be provided in the individual's actual home depending on the individual's needs, desires and goals, the emphasis is on engaging each individual in being an active member in the community at large. Because of the importance placed on engaging and supporting individuals in the community, AMHH proposes a specific service to ensure individuals have opportunities for meaningful purpose in the community. This new service is titled Supported Community Engagement. The intent of the program and services is to support and assist individuals to participate in community activities and utilize natural supports and community resources (such as community centers, YMCA/YWCA, churches, schools, health clubs to move them beyond behavioral health settings. To justify that all AMHH services are home and community-based, a distinction must be made between where the person lives and where the person receives services. Services are designed to be delivered in community settings including, but not exclusively in the individual's home. By design, some AMHH services may not be provided in a residential setting.

Many persons eligible for the AMHH services live in their own home or with families or friends in the same manner as any adult who does not have a mental illness. Due to the eligibility criteria for the AMHH services, there are some persons seeking these services who do not have family or friends with whom they can live or are not functioning at a level where their health and safety can be supported in a totally independent setting. Depending upon the person's level of need and functioning, he/she may choose to live in full time supervised settings, settings that provide less than full time supervision or settings that provide no on-site supervision. The responses below relate only to living environments that are not fully independent.

State monitoring: The state maintains the authority to monitor and enforce the adherence to standards by conducting on-site visits to ensure compliance with standards and respond to any complaint or incident reported. In addition to consumer feedback and site visits, data is collected and analyzed per the Quality

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Indicator section of this SPA. There are also facility requirements for compliance with fire and safety codes which must be kept up to date. The state will conduct site visits to ensure standards are met. Individuals residing in any DMHA certified residential setting have the freedom to choose how they live and residents' rights are respected and honored.

DMHA standards for residential facilities include the following:

• The location of the residence shall provide opportunities for the resident to participate in community activities and have independent access to community services.

• The residence location in the community shall provide residents with reasonable access to the agency as well as to medical, recreational, and shopping areas by public or agency-arranged transportation.

• The residence shall be located in a suitable residential setting, and the location, design, construction, and furnishings of each residence shall be consistent with a family/personal home (home-like).

• Residents are afforded the opportunity to engage in community based programs that assist the individual in achieving goals including employment. (If an individual demonstrates the interest and desire to become competitively employed, services such as Home and Community Based Habilitation and Supportive Community Engagement are appropriate vehicles to prepare them for potential competitive employment. In addition, as appropriate, individuals are connected to community services that are directly related to employment.)

Prior to an individual's selection of a placement, alternatives are discussed with the individual, family, and guardian. The decision for the choice of placement is based on the individual's identified needs, goals and resources. Once the resident's placement is selected by him/her, an Individualized Integrated Care Plan (IICP) is developed and/or updated with the resident. The IICP reflects his/her aspirations and goals towards an independent lifestyle and how the residential setting contributes to empowering the individual to continue to live successfully in the community.

Each setting is required to have and enforce written policies regarding the resident's rights and responsibilities. DMHA standards for residential facilities, specific to the residents' personal rights and freedoms, include the following:

· The environment is safe;

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· Each resident is free from abuse and neglect;

• Each resident is treated with consideration, respect, and full recognition of the resident's dignity and individuality;

• Each resident is free to communicate, associate, and meet privately with persons of the resident's choice as long as the exercise of these rights does not infringe on the rights of another resident and any restriction of this right is a part of the resident's individual treatment plan;

 Each resident has the right to confidentiality concerning personal information including health information;

• Each resident is free to voice grievances and to recommend changes in the policies and services offered by the agency;

 Each resident has the right to manage personal financial affairs or to seek assistance in managing them unless the resident has a representative payee or a court appointed guardian for financial matters;

 Each resident shall be informed about available legal and advocacy services, and may contact or consult legal counsel at the resident's own expense;

· Each resident shall be informed of DMHA's toll free consumer service number; and

• Each resident shall be free from coercion and restraints, restrictive interventions, and seclusion.

The referring provider is responsible for providing a list of AMHH provider agencies in the geographic area from which the individual may choose a preferred provider. Provider agencies are expected to have and share

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with individuals their policies and procedures to select and/or change service delivery providers within the agency, and/or request transfer to a different agency. The HCP and interventions are developed in collaboration with the individual, the treatment team, and when appropriate, the individual's family or guardian.

The State defines "homelike", to the extent feasible, as an atmosphere with patterns and conditions of everyday life that are as close as possible to those of individuals without a diagnosis of mental illness. This includes an environment designed with the purpose and focus to increase the resident's involvement in decisions that affect his/her care, daily schedules and lifestyles to be more similar to his/her peers who live on their own. The overall atmosphere of the setting is conducive to the achievement of optimal development of independence by the residents. The location of the facility is made to provide residents reasonable access to the community at large including but not limited to the agency, medical, recreational, and shopping areas by public or agency-arranged transportation.

DMHA supports a permanent supportive housing model which refers to a housing unit that is linked with community based services. The tenant holds the lease with a landlord and receives services based on need through a community mental health center or community service agency. The tenant's housing is not contingent on the person participating in any mental health or addiction services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the state's landlord tenant law of the state, county, city or other designated entity. Each individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected. The community residential settings certified by DMHA and identified in the SPA application are designed to provide an array of living options that span the continuum from minimal oversight to highly supervised settings. DMHA through certification and licensure standards requires the individual's participation in planning their care and supports the recovery philosophy that promotes the least restrictive, most appropriate care to safely meet the individual's identified needs and desires.

DMHA certified residential care settings are designed to be a component of an out-patient community based continuum of care. These settings are not a nursing facility. Intermediate Care Facility for Individuals with Intellectual Disability or an Institute for Mental Diseases. The residential care settings do not have any qualities of an institution, nor would they be permitted to be located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or disability-specific housing complex. One of the primary goals of the AMHH services program is to provide services and support to individuals to ensure they live safely and as independently as possible in the community. The program intends to provide opportunities for individuals to get their needs met in community-based settings and to prevent need for and placement in institutional settings.

DMHA and OMPP have a strong partnership with state housing agencies: Indiana Housing and Community Development and Corporation for Supportive Housing. Together, these agencies have facilitated the development of supportive housing integrated into the community to meet the needs of individuals with mental health and addiction disorders.

Description of DMHA Certified Residential Facilities:

"Residential living facility" includes:

- (1) a supervised group living facility;
- (2) a transitional residential services facility;
- (3) a semi-independent living facility defined under IC 12-22-2-3; and
- (4) alternative family homes operated solely by resident householders.

AMHH recipients living in a DMHA-certified residential setting have the following rights:

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- · The right to privacy in his or her sleeping or living unit;
- · Lockable entrance doors, with appropriate staff having keys to the doors;

· Freedom to share living units at the recipient's choice;

- When sharing living units, recipients have a choice of roommates;
- Freedom to furnish and decorate his or her personal sleeping or living unit;
- · Recipients are able to have visitors of their choosing at any time in the living unit;
- The setting is physically accessible to the recipient; and
- Freedom from restraints, restrictive interventions, and seclusion.
- Any modification of the resident's rights must be supported by a specific assessed need and documented in the person-centered IICP.

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- 1) "Supervised group living facility" or "SGL" means a residential facility that provides a therapeutic environment in a homelike setting to persons with a psychiatric disorder or addiction who need the benefits of a group living arrangement as post psychiatric hospitalization intervention or as an alternative to hospitalization. "Therapeutic living environment" means a living environment:
  - (A) in which the staff and other residents contribute; and
  - (B) that presents no physical or social impediments to the habilitation and rehabilitation of the resident.

This setting is designed to assist individuals in their recovery process by offering a safe supportive home like environment. Individuals may come and go as needed to attend work/school, treatment appointments, recreation, etc... On site supervision is required 24/7 in this setting. While individuals would have access to food 24/7, there are typically planned meal times where individuals may eat together. Menus are developed by dieticians to provide healthy meals that are consistent with each individual's dietary needs/restrictions (e.g. diabetic, low sodium). Alternative food is available if an individual chooses not to eat the planned meal. Consumers are given input in the meal planning process.

A certified supervised group living facility serves up to ten (10) consumers in a single family dwelling and up to fifteen (15) consumers in an apartment building (which includes 3 or more dwelling units) or in a congregate residence.

2) "Transitional residential facility" or "TRS" means a twenty-four (24) hour per day service that provides food, shelter, and other support services to individuals with a psychiatric disorder or addiction who are in need of a short term supportive residential environment.

Individuals in this type of setting are provided with less than 24 hour supervision. They have input into house hold activities and may come and go as needed to attend work/school, treatment appointments, recreation, etc... While individuals would have access to food 24/7, there are typically planned meal times where individuals may eat together. Consumers are given input in the meal planning process. Menus are designed by dieticians to provide healthy meals that are consistent with each individual's dietary needs/restrictions (e.g. diabetic, low sodium). Alternative food is available if an individual chooses not to eat the planned meal. Individuals in this setting are likely preparing for or already participating in work or school activities.

A certified transitional residential facility serves fifteen (15) or fewer persons.

- 3) Semi-independent living facility" or "SILP" means a facility:
  - (A) that is not licensed by another state agency and serves six (6) or fewer individuals with a psychiatric disorder or an addiction, or both, per residence who require only limited supervision; and
  - (B) in which the agency or its subcontractor:

(i) provides a resident living allowance to the resident; or

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(ii) owns, leases, or manages the residence.

Individuals in this type of setting are provided with a minimum of oversight one hour per week. These settings are typically home like. Individuals have input into house hold activities and may come and go as needed to attend work/school, treatment appointments, recreation, etc... While individuals would have access to food 24/7, there are typically planned meal times where individuals may eat together. Individuals are given input in the meal planning process. Menus are designed by dieticians to provide healthy meals that are consistent with each individual's dietary needs/restrictions (e.g. diabetic, low sodium). Alternative food is available if an individual chooses not to eat the planned meal. This setting is intended to prepare individuals for independent living settings.

- 4) "Alternative family for adults (AFA) program" means a program that serves six (6) or fewer individuals who:
  - (A) have a psychiatric disorder or addiction, or both; and
  - (B) reside with an unrelated householder.

Individuals in this type of setting are provided with a minimum of oversight two hours per month. These settings are home like. Individuals have input into house hold activities and may come and go as needed to attend work/school, treatment appointments, recreation, etc... While individuals would have access to food 24/7, there are typically planned meal times where individuals may eat together. Individuals are given input in the meal planning process. Menus are designed by dieticians to provide healthy meals that are consistent with each individual's dietary needs/restrictions (e.g. diabetic, low sodium). Alternative food is available if an individual chooses not to eat the planned meal. This setting is intended to prepare individuals for independent living settings or may become permanent housing if this best meets the individual's needs and a less restrictive setting is not wanted or deemed appropriate by the individual or treatment team.

#### **Number Served**

1. Projected Number of Unduplicated Individuals To Be Served Annually.

(Specify for year one. Years 2-5 optional):

Annual Period	From	То	Projected Number of Participants		
Year 1	07/01/2013	06/30/2014	968		
Year 2					
Year 3					
Year 4					
Year 5	Fig. 1916 Teg. 1, 15 in Sale (1)				

- 2. Annual Reporting. (By checking this box the State agrees to): annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year.
- 1. Medicaid Eligible. (By checking this box the State assures that): Individuals receiving State plan HCBS are in an eligibility group covered under the State's Medicaid State plan.
- 2. Income Limits. (Select at least one):

Individuals who have income that does not exceed 150% of the Federal Poverty Level (FPL)	).
Individuals with incomes up to 150% of the FPL who are only eligible for Medicaid because the	ey are

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receiving 1915(c) waiver services may be eligible to receive services under 1915(i) provided they meet all other requirements of the 1915(i) State plan option. The State has a process in place that identifies individuals who have income that does not exceed 150% of the FPL.

Individuals who have income that does not exceed 300% of Supplemental Security Income (SSI).

2. Medically Needy. (Select one):

M	The	e State does not provide State plan HCBS to the medically needy.
O	Th	e State provides State plan HCBS to the medically needy (select one):
		The State elects to disregard the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy.
	****	The State does not elect to disregard the requirements at section 1902(a)(10)(C)(i)(III).

# Needs-Based Evaluation/Reevaluation

1. Responsibility for Performing Evaluations / Reevaluations. Eligibility for the State plan HCBS benefit must be determined through an independent evaluation of each individual). Independent evaluations/reevaluations to determine whether applicants are eligible for the State plan HCBS benefit are performed (select one):

the second section of	Directly by the Medicaid agency
$\boxtimes$	By Other (specify State agency or entity with contract with the State Medicaid agency):
	DMHA

2. Qualifications of Individuals Performing Evaluation/Reevaluation. The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. (Specify qualifications):

Persons conducting the state evaluation for eligibility determination and approval of plans of care hold a least a bachelor's degree in social work, counseling, psychology, or similar field and have a minimum of 3 years post degree experience working with individuals with serious mental illness (SMI) and habilitative needs. Supervision of the evaluation team is provided by clinically licensed staff from the fields of social work, psychology, or psychiatry.

3. Process for Performing Evaluation/Reevaluation. Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

Information about 1915(i) services is be posted on the DMHA and OMPP public websites. These websites summarize the eligibility criteria and note all available services, service provider agencies, locations where potential enrollees may go to apply, and how to access assessments and services. Any provider may identify potential enrollees who meet the 1915(i) eligibility criteria or individuals may notify their provider of an interest in the home and community based services. Any individual may contact the state for information about AMHH eligibility and the process to apply. The individual is given a list of AMHH eligible provider agencies that may be chosen to assist in the application process. After agency staff reviews the program information with the applicant, the two individuals

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discuss the options under this program; and together determine whether to complete an application for 1915(i) services. In deciding whether or not a referral for 1915(i) services is appropriate, the agency staff and applicant review the target group criteria and discuss whether a referral is merited.

Each person referred for 1915(i) services must receive a face to face bio-psychosocial needs assessment by the referring provider projection including but not limited to the Adult Needs and Strengths Assessment (ANSA) tool and the 1915(i) referral form developed by OMPP/DMHA.

The ANSA tool consists of items that are rated as:

- '0' no evidence or no need for action
- '1' need for watchful waiting to see whether action is needed
- '2' need for action
- '3' need for either immediate or intensive action due to a serious or disabling need

The items are grouped into categories or domains. Once the assessment has been completed, the agency staff receives a level of care decision support recommendation based on the individual item ratings. The level of care recommendation from the ANSA is not intended to be a mandate for the level of services that an individual receives. There are many factors, including individual preferences and choice, which should influence the actual intensity of treatment services.

The user's manual for the ANSA may be found on-line at: https://dmha.fssa.in.gov/DARMHA/Documents/ANSAManual\_712011.pdf

The referral form and supporting documentation provide specific information about the person's health status, current living situation, family functioning, vocational/employment status, social functioning, living skills, self-care skills, capacity for decision making, living situation, potential for self-injury or harm to others, substance use/abuse, and medication adherence. The referral also includes information about the person's participation in MRO services and the outcomes for those services.

The agency staff and the applicant jointly develop a proposed plan of care (Individualized Integrated Care Plan (IICP)) that includes desired goals and services requested and deemed necessary to address the goals. Please see the section "Supporting the Participant in Plan of Care Development" for further details regarding person-centered care planning. Upon completion of the referral packet (including but not limited to the ANSA, referral form, and proposed plan of care), the agency staff submit the documents to DMHA through a secure electronic file transfer process.

Upon receipt of the referral packet, the state evaluation team reviews all submitted documentation and determine whether or not the applicant is eligible for 1915(i)

Time spent for the initial evaluation, referral form, and IICP cannot be billed or reimbursed under the 1915(i) benefit before eligibility for this benefit has been determined. The eligibility determination process completed by The Independent State Evaluation Team is billed as administrative activities.

If determined eligible for 1915(i) services, an eligibility determination and care plan service approval letter is sent and includes an end date for MRO eligibility and a start date for 1915(i) eligibility (consecutive dates so there is no lapse in service). Once eligible, if approved on the IICP (care plan),

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these services may begin immediately.

If determined ineligible for 1915(i) services, a denial letter is sent to the applicant and the agency staff member informing them that their application for services has been denied. The denial letter is generated by DMHA. The letters will include the reason for denial, appeal rights and process.

Annual re-evaluations for continued 1915(i) services follow this same process.

4. Needs-based HCBS Eligibility Criteria. (By checking this box the State assures that): Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for State plan HCBS.

The criteria take into account the individual's support needs, and may include other risk factors: (Specify the needs-based criteria):

In the context of needs base criteria, "significant" is operationally defined in the algorithm for the 1915(i) as an assessed "need for immediate or intensive action due to a serious or disabling need."

All of the following needs-based criteria must be met for 1915(i) eligibility:

- 1. Without ongoing habilitation services as demonstrated by written attestation by a psychiatrist or Health Services Provider in Psychology (HSPP), the person is likely to deteriorate and be at risk of institutionalization (e.g., acute hospitalization, State hospital, nursing home, jail).
- 2. The recipient must demonstrate the need for significant assistance\*\* in major life domains related to their mental illness (e.g., physical problems, social functioning, basic living skills, self-care, potential for harm to self or others).

3. The recipient must demonstrate significant needs related to his/her behavioral health.

- 4. The recipient must demonstrate significant impairment in self-management of his/her mental illness or demonstrate significant needs for assistance with mental illness management.
- 5. The recipient must demonstrate a lack of sufficient natural supports to assist with mental illness management.
- 6. The recipient is not a danger to self or others at the time the application for AMHH services program eligibility is submitted for State review and determination.
- 7. Recipient has received a recommendation for intensive community based care on the uniform community assessment tool defined by the State (the Adult Needs and Strengths Assessment-ANSA with a Level of 4 or higher).
- \*\*Assistance includes any kind of support from another person (mentoring, supervision, reminders, verbal cueing, or hands-on assistance) needed because of a mental health condition or disorder.
- 5. Needs-based Institutional and Waiver Criteria. (By checking this box the State assures that):

  There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of State plan HCBS. If the State has revised institutional level of care to reflect more stringent needs-based criteria, individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. (Complete chart below to summarize the needs-based criteria for State Plan HCBS and corresponding more-stringent criteria for each of the following institutions):

Needs-Based/Level of Care (LOC) Criteria

1	110003-Bustui Ectel of Curt (200) 011011					~
ſ	State plan HCBS	NF (& NF LOC	ICF/MR	(& ICF/MR	Applicable Hospital*	
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needs-based eligibility	waivers)	LOC waivers)	LOC (& Hospital LOC waivers)
Needs based eligibility	Indiana Law allows	Indiana Law allows	Dangerous to self or
criteria are specified in	reimbursement to NFs	reimbursement to	others or gravely
Item 4 above.	for eligible persons who	ICF/MRs for eligible	disabled. (IC-12-26-1)
	require skilled or	persons as defined in	
	intermediate nursing	405 1AC 1-1-11.	Nese i albibito, si si sele di propio di propio di propio di Nesi si se si si propio di predicto di propio di propio di sele
	care as defined in 405		
	Indiana Administrative	A person may be	
	Code 1-3-1 and 1-3-2.	functionally eligible for	
		an ICF/MR LOC	
	405 IAC 1-3+1(a)	waiver when	Tan はなるとを表します。 とは異なりにはありません。
	Skilled nursing	documentation shows	
	services, as ordered by	the individual meets the	
	a physician, must be	following conditions:	
	required and provided	1.Has a diagnosis of	
	on a daily basis,	intellectual disability	
	essentially 7 days a	(mental retardation),	
	week.	cerebral palsy, epilepsy,	
	week.	autism, or condition	
	405.146.1.2.2.4.3		
	405 IAC 1-3-2 (a)	similar to intellectual	
	Intermediate nursing	disability (mental	
	care includes care for	retardation).	
	patients with long term	2. Condition identified	
	illnesses or disabilities	in #1 is expected to	
	which are relatively	continue.	
	stable, or care for	3. Condition identified	
	patients nearing	in #1 had an age of	
	recovery and discharge	onset prior to age 22.	
	who continue to require	4. Individual needs a	
	some professional	combination or	
	medical or nursing	sequence of services.	n arrentaga meseta da del mesento de la como del Malagresa, alca como esta monto del monto del mesento del como del monto del mesento del monto del mesento del
	supervision and	5. Has 3 of 6 substantial	에 발생하는 보내는 보는 사람이 되었다. 4 대한 기계를 보내는 기계를 보는 것이 되었다.
	attention.	functional limitations as	
		defined in 42 CFR	
	A person is functionally	435.1010 in areas of (1)	
	eligible for either NF or	self-care, (2) learning,	
	an NF level of care	(3) self-direction, (4)	
	waiver if the need for	capacity for	
	medical or nursing	independent living, (5)	B. 바다 하다 하는 것이 없는 것이다.
	supervision and	language, and (6)	
	attention is determined	mobility.	사용 발표하는 사람이 하는 것이 되었다는 것이다. 참 하는 항상 하는 하는 것이 하는 것이 되었다.
	by any of the following		
	findings from the functional screening:		
	1. Need for direct		
	assistance at least 5		
	days per week due to		A STATE OF THE STA

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	unstable, complex		Halling Anthony in the control of the
	medical conditions.		
The strike and the contribution of the strike s	LOGAT BOOK BERKER HER HER HER SELECTION OF THE SELECTION		
	2. Need for direct		
	assistance for 3 or more		
	assignance for a or more		
	substantial medical		
		et, ett er filltigt juris kom hall i staten er en ett i fraktiste bet De bligge bligger ett i staten e	
	conditions including		Maliania ining si salah di salah di di
	医动物性结膜炎 医乳腺性结合 经自然的 经收益的 医动物 医二甲基甲基二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲		
	activities of daily living.		

\*Long Term Care/Chronic Care Hospital

(By checking the following boxes the State assures that):

- 6. Reevaluation Schedule. Needs-based eligibility reevaluations are conducted at least every twelve months.
- 7. Adjustment Authority. The State will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).

# Person-Centered Planning & Service Delivery

(By checking the following boxes the State assures that):

- 1. There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment is based on:
  - An objective face-to-face assessment with a person-centered process by an agent that is independent and qualified;
  - Consultation with the individual and if applicable, the individual's authorized representative, and includes the opportunity for the individual to identify other persons to be consulted, such as, but not limited to, the individual's spouse, family, guardian, and treating and consulting health and support professionals caring for the individual;
  - An examination of the individual's relevant history, including findings from the independent evaluation of eligibility, medical records, an objective evaluation of functional ability, and any other records or information needed to develop the plan of care;
  - An examination of the individual's physical and mental health care and support needs, strengths and
    preferences, available service and housing options, and when unpaid caregivers will be relied upon to
    implement the plan of care, a caregiver assessment;
  - If the State offers individuals the option to self direct State plan HCBS, an evaluation of the ability of the individual (with and without supports), or the individual's representative, to exercise budget and/or employer authority; and
  - A determination of need for (and, if applicable, determination that service-specific additional needs-based criteria are met for), at least one State plan home and community-based service before an individual is enrolled into the State plan HCBS benefit.
- 2. Based on the independent assessment, the individualized plan of care:
  - Is developed with a person-centered process in consultation with the individual, and others at the option of the individual such as the individual's spouse, family, guardian, and treating and consulting health care and support professionals. The person-centered planning process must identify the individual's physical and mental health support needs, strengths and preferences, and desired outcomes:
  - Takes into account the extent of, and need for, any family or other supports for the individual, and neither duplicates, nor compels, natural supports;
  - Prevents the provision of unnecessary or inappropriate care;
  - Identifies the State plan HCBS that the individual is assessed to need;

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- Includes any State plan HCBS in which the individual has the option to self-direct the purchase or control;
- Is guided by best practices and research on effective strategies for improved health and quality of life outcomes; and
- Is reviewed at least every 12 months and as needed when there is significant change in the individual's circumstances.
- 3. Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities. There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with physical and mental needs for HCBS. (Specify qualifications):

The agency staff member conducting the face-to-face assessment must be a certified user of the state required standardized assessment tool, with supervision by a certified super user of the tool. Minimum qualification for the person conducting the independent evaluation (1): Bachelor's in social sciences or related field with 2 or more years of clinical experience; (2) Have completed DMHA and OMPP approved training and orientation for 1915(i) eligibility and determination; (3) Have agency staff that have completed assessment tool Certification training.

4. Responsibility for Plan of Care Development. There are qualifications (that are reasonably related to developing plans of care) for persons responsible for the development of the individualized, personcentered plan of care. (Specify qualifications):

# Licensed professional means any of the following persons:

- · a licensed psychiatrist;
- a licensed physician;
- a licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP);
- a licensed clinical social worker (LCSW);
- a licensed mental health counselor (LMHC);
- a licensed marriage and family therapist (LMFT); or
- a licensed clinical addiction counselor, as defined under IC 25-23.6-10.5.

# Qualified behavioral health professional (QBHP) means any of the following persons:

- an individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined above, such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines;
  - in psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana;
  - in pastoral counseling from an accredited university; or
  - o in rehabilitation counseling from an accredited university.
- an individual who is under the supervision of a licensed professional, as defined above, is
  eligible for and working toward licensure, and has completed a master's or doctoral degree, or
  both, in any of the following disciplines:
  - in social work from a university accredited by the Council on Social Work Education;
  - o in psychology from an accredited university;
  - o in mental health counseling from an accredited university; or
  - o in marital and family therapy from an accredited university.
- a licensed independent practice school psychologist under the supervision of a licensed

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professional, as defined above.

an authorized health care professional (AHCP), defined as follows:

- a physician assistant with the authority to prescribe, dispense and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of IC 25-27.5-5.
- o a nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician pursuant to IC 25-23-1.

Other behavioral health professional (OBHP) means any of the following persons:

- an individual with an associate or bachelor degree, and/or equivalent behavioral health
  experience, meeting minimum competency standards set forth by the behavioral health service
  provider and supervised by a licensed professional, as defined above, or QBHP, as defined
  above; or
- a licensed addiction counselor, as defined under IC 25-23.6-10.5 supervised by a licensed professional, as defined above, or QBHP, as defined under above.
- 5. Supporting the Participant in Plan of Care Development. Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the plan of care development process. (Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):

Person centered planning is an existing requirement for DMHA approved provider agencies in Indiana. This requirement is covered via certification rules, requirement for national accreditation, and contracts connected to DMHA funding. All IICPs are to be developed with the recipient driving the care. The recipient has authority to determine who is included in the process. IICPs require staff and recipient signatures as well as clinical documentation of recipient participation.

The Independent State Evaluation Team reviews and approves or denies all proposed AMHH services submitted for consideration to ensure the applicant/recipient participated in the IICP development and to prevent a conflict of interest,. The following process and expectations are adhered to by provider agencies assisting recipients in developing the IICP:

The IICP is developed through a collaboration that includes the applicant/recipient, identified community supports (family/nonprofessional caregivers), and all individuals/agency staff involved in assessing and/or providing care for the applicant/recipient. The IICP is a treatment plan that integrates all components and aspects of care that are deemed medically necessary, needs based, are clinically indicated, and are provided in the most appropriate setting to achieve the recipient's goals. An IICP must be developed with each applicant/recipient (405 IAC 5-21.5-16). The IICP must include all indicated medical and support services needed by the applicant/recipient in order to reside in the community, to function at the highest level of independence possible, and to achieve his/her goals.

The IICP is developed after completing a holistic clinical and bio-psychosocial assessment. The holistic assessment includes documentation in the applicant/recipient's medical record of the following:

Review, discussion and documentation of the applicant/recipient's desires, needs, and goals. Goals are recovery/habilitative in nature with outcomes specific to the habilitative needs identified by the applicant/recipient.

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Review of psychiatric symptoms and how they affect the applicant/recipient's functioning, and ability to attain desires, needs and goals.

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Review of the applicant/recipient's skills and the support needed for the applicant/recipient to participate in a long-term recovery process, including stabilization in the community and ability to function in the least restrictive living, working, and learning environments.

Review of the applicant/recipient's strengths and needs, including medical, behavioral, social, housing, and employment.

A member of the treatment team involved in assessing the applicant/recipient's needs and desires fulfills the role of care coordinator and be responsible for documenting the IICP with the applicant/recipient's participation. In addition to driving the IICP development, the applicant/recipient of AMHH services is given a list of eligible provider agencies and services offered in his/her geographic area. The applicant/recipient is asked to select the provider agency of choice. The referring provider agency is responsible for linking the recipient to his/her selected provider. The provider agencies are required have mechanisms in place to support the applicant/recipient's choice of care coordinator.

The IICP must reflect the applicant/recipient's desires and choices. The applicant/recipient's signature demonstrating his/her participation in the development of an ongoing IICP reviews is required to be submitted to the State Evaluation Team . Infrequently, an applicant/recipient may request services but refuse to sign the IICP for various reasons (i.e. thought disorder, paranoia, etc.). If a recipient refuses to sign the IICP, the agency staff member is required to document on the plan of care that the recipient agreed to the plan but refused to sign the plan. The agency staff member must also document in the clinical record progress notes that a planning meeting with the recipient did occur and that the IICP reflects the recipient's choice of services and agreement to participate in the services identified in the IICP. The progress note must further explain any known reasons why the recipient refused to sign the plan and how those will be addressed in the future.

Each eligible AMHH provider agency is required to ensure a written statement of rights is provided to each recipient. The statement shall include:

(1) The toll-free consumer service line number and the telephone number for Indiana protection and advocacy.

(2) Document that agency staff provides both a written and an oral explanation of these rights to each applicant/recipient.

In addition, all Approval/Denial Notification letters include an explanation of the action to be taken and the appeal rights. Applicants/recipients/authorized representatives may file a complaint or grievance with the State. All complaints/grievances regarding AMHH provider agencies are accepted by the following means:

- (1) The "Family/Consumer" section on the DMHA website;
- (2) The "Consumer Service Line" (800-901-1133)
- (3) In-person to a DMHA staff member; or
- (4) Via written complaint or email that is submitted to DMHA.

The IICP must also include the following documentation:

 Outline of goals that promote stability and potential movement toward independence and integration into the community, treatment of mental illness symptoms, and habilitating areas of functional deficits related to the mental illness.

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> Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs.

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- A comprehensive listing of all specific treatments and services that are requested by the applicant/recipient.
- 6. Informed Choice of Providers. (Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the plan of care):

The State maintains a network of Community Mental Health Centers (CMHCs). As a DMHAapproved AMHH provider agency, each CMHC is an enrolled Medicaid provider that offers a full continuum of behavioral health care services, as is mandated by DMHA for all CMHCs, in addition to providing AMHH services as documented in the Indiana SPA and this waiver. The care coordinator explains the process for making an informed choice of provider(s) and answers questions. The applicant/recipient is also advised that choice of providers and provider agencies is ongoing for the duration of the program. Therefore, providers within an agency and provider agencies themselves can be changed as necessary. As a service is identified, a list is generated in randomized sequence of qualified agency providers of the 1915(i) and is presented to the applicant/recipient by the care coordinator. A listing of approved/enrolled 1915(i) provider agencies is also posted on the Indiana Medicaid website at www.indianamedicaid.com. Applicants/recipients and family members may interview potential service providers and make their own choice.

This 1915(i) State Plan amendment is to run concurrently with the 1915(b)(4) fee-for-service selective contracting waiver (IN-02).

When accessing indianamedicaid.com website, the individual has a choice of a "Member" tab and "Provider" tab. The Member tab notes: If you are an Indiana Medicaid Member or are interested in applying to becoming a Member, please click the "Member" tab.

Selection of the Member tab provides an array of information to individuals applying for or eligible for Medicaid services, including a "Find a Provider" link. This link allows the individual to target their search by selecting types of providers by city, county or state. The resulting lists include the provider's name, address, telephone number and a link to the map for each provider location.

7. Process for Making Plan of Care Subject to the Approval of the Medicaid Agency. (Describe the process by which the plan of care is made subject to the approval of the Medicaid agency):

The Indiana Office of Medicaid Policy and Planning (OMPP) retains responsibility for service plan approvals made by the Division of Mental Health and Addiction (DMHA) as defined in the MOU. As part of its routine operations, DMHA reviews each service plan submitted to OMPP to ensure that the plan addresses all pertinent issues identified through the assessment, including physical health issues.

The OMPP reviews and approves the policies, processes and standards for developing and approving 1915(i) Plans of Care. In the instance of a complaint from a 1915(i) provider or applicant/recipient, the IICP submitted to DMHA may be reviewed by OMPP. Based on the terms and conditions of the 1915(i), the Medicaid agency may overrule the approval or disapproval of

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> any specific IICP acted upon by the DMHA serving in its capacity as the administrating agency for the 1915(i).

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8. Maintenance of Plan of Care Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following (check each that applies):

Medicaid agency	Operating agency	☐ Case manager
Other (specify)		

#### Services

1.	State plan HCBS.	(Complete the	following table	for each service.	Copy table as needed):
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ate plan HCBS. (Complete the following table for each service. Copy table as needed):
Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):
Service Title: Adult Day Services
Service Definition (Scope):
Community-based group programs designed to meet the needs of adults with significant behavioral nealth impairments as identified in the IICPs. These comprehensive, non-residential programs provide health, wellness, social, and therapeutic activities. These services are provided in a structured, supportive environment. The services provide supervision, support services, and personal care as required by the IICP.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):
☐ Categorically needy (specify limits):
<ul> <li>Adult Day Services may include: <ul> <li>care planning,</li> <li>treatment,</li> <li>monitoring of weight, blood glucose level, and blood pressure</li> <li>medication administration;</li> <li>nutritional assessment and planning;</li> <li>individual or group exercise training;</li> <li>training in activities of daily living;</li> <li>skill reinforcement on established skills; and</li> <li>other social activities.</li> </ul> </li> <li>Direct service providers must be supervised by a licensed professional;</li> <li>Clinical oversight must be provided by a licensed physician, who is on-site at least once a week and available to program staff when not physically present;</li> <li>Each day of service must be appropriately documented</li> <li>At a minimum a weekly review and update of progress toward habilitative goals occurs and is documented in the recipient's clinical record;</li> <li>The service is offered in half day units, A single half-day (1/2 day) day unit is defined as one unit of a minimum of three (3) hours to a maximum of five (5) hours/day. Two units are defined as more than five (5) hours to a maximum of 8 hours/day. A maximum of two half-day (1/2 day)</li> </ul>

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units/day is allowed up to 5 days per week. Exclusions: Recipient receiving MRO services Recipient receiving inpatient or partial hospitalization through the Clinic Option on the same Services shall not be reimbursed when provided in a residential setting as defined by DMHA Medically needy (specify limits): N/A **Provider Qualifications** (For each type of provider. Copy rows as needed): Other Standard License Certification Provider Type (Specify): (Specify): (Specify): (Specify): DMHA-approved AMHH provider DMHA-certified N/A Agency agencies must meet DMHA and OMPP-Community defined criteria and standards, including Mental Health the following: Center (CMHC) (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA. (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.. (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3. (D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy. In addition to meeting criteria for a provider agency, the agency must certify that individual agency staff providing an AMHH service must meet the following standards for this service, as follows: (A) Licensed professional; (B) QBHP; or (C) OBHP. Medication administration provided within Adult Day Services must be provided within the scope of practice as defined by federal and State law. Providers must meet the following

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qualifications: (A) physician;

		(AHC (C) regi (D) lice (E) a m	stered nurse (RN); nsed practical nurse (LPN) or edical assistant who has ed from a two year clinical
		services m Dietician a and within	l assessment and planning ust be provided by a Certified as defined in IC 25-14.5-1-4 the scope of practice as state and federal law.
Vanification of D	erider Qualifications (For each	h nrovider tyne liste	ed above. Conv. rows as
Verification of Paneeded):	rovider Qualifications (For each	h provider type liste	
	Entity Responsible fo	r Verification	Frequency of Verification (Specify):
needed): Provider Type		r Verification	Frequency of Verification
needed):  Provider Type (Specify):  Agency	Entity Responsible fo	r Verification	Frequency of Verification (Specify): Initially and at time of DMHA certification

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<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):
Service Title: Home and Community Based Habilitation and Support - Individual Setting
Service Definition (Scope): Definition
Individualized face-to-face services directed at the health, safety and welfare of the recipient and assisting in the management, adaptation and/or retention of skills necessary to support recipients to live successfully in the most integrated setting appropriate to the recipient's needs. Assist recipient to gain an understanding of/and self-management of behavioral and medical health conditions. Services are provided in the recipient's home (living environment) or other community based settings outside of a clinic/office environment. Skills training as used in this service description means: Assisting in the reinforcement, management, adaptation and/ or retention of skills necessary to live successfully in the community.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):
Categorically needy (specify limits): Insert Program Standards

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- · Service requires face-to-face contact in an individual setting.
- Recipients are expected to benefit from services,
- Services must be goal-oriented and related to the IICP.
- Activities include implementation of the individualized support plan, assistance with personal care, coordination and facilitation of medical and non-medical services to meet healthcare needs.
- Services may include, but are not limited to the following:
  - Skills training in food planning and preparation, money management, maintenance of living environment.
  - Training in appropriate use of community services

Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses; how to locate and interview prospective roommates, and renter's rights and responsibilities training.

Home and Community Based Habilitation and Support, including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for up to a total of 2 hours per day (eight units per day).

#### Exclusions:

- Recipients receiving MRO services
- Recipients in partial hospitalization or inpatient hospitalization on the same day

Medically needy (specify limits):N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> </ul>
			(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.
			(D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.

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Verification of Pro	provide that ago service for this (A) (B)	tion to meeting criteria for a er agency, the agency must certify ency staff providing an AMHH must meet the following standards is service, as follows: Licensed professional; QBHP; or OBHP
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery M	<b>Iethod.</b> (Check each that applies):	
□ Participant-directed ⊠ Provider managed		

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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):
Service Title: Home and Community Based Habilitation and Support – Family/Couple with the Recipient Present – Individual Setting
Service Definition (Scope): Definition
Individualized face-to-face services directed at the health, safety and welfare of the recipient and assisting in the acquisition, improvement, and retention of skills necessary to support recipients to live successfully in the community. Training and education to instruct a parent, or other family member, or primary caregiver about the treatment regimens appropriate to the recipient; and to improve the ability of the parent, family member or primary caregiver to provide the care to or for the recipient. Skills training as used in this service description means: Assisting in the reinforcement, management, adaptation and/or retention of skills necessary to live successfully in the community.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):
Categorically needy (specify limits): Insert Program Standards

TN: <u>12-003</u> Supersedes: <u>NEW</u>

Approval Date: 9/25/13

Effective Date: <u>10/01/2013</u>

Service requires face-to-face contact in an individual setting.

- Recipients are expected to show benefit from services,
- Services must be goal-oriented and related to the IICP.
- Activities include implementation of the individualized support plan, assistance with personal care, coordination and facilitation of medical and non-medical services to meet healthcare needs.
- Services may include, but are not limited to the following:
  - Skills training in food planning and preparation, money management, maintenance of living environment.
  - Training in appropriate use of community services
  - Medication-related education and training by non medical staff.

Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses; how to locate and interview prospective roommates, and renter's rights and responsibilities training.

Home and Community Based Habilitation and Support, including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for up to a total of 2 hours per day (eight units per day).

#### **Exclusions:**

- Recipients receiving MRO services
- Recipients in partial hospitalization or inpatient hospitalization on the same day

Medically needy (specify limits):N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA - certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:  (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.  (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.  (C) Provider agency must maintain documentation in accordance
			with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.  (D) Provider agency must meet all
			AMHH provider agency criteria as defined in the SPA and AMHH operating policy.

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9/25/13

Effective Date: 10/01/2013

Verification of Proneeded):	prove that the standard standard (	dition to meeting criteria for a ider agency, the agency must certify he agency staff providing an IH service must meet the following lards for this service, as follows:  A) Licensed professional;  B) QBHP; or  C) OBHP.
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery M	<b>Iethod.</b> (Check each that applies):	
Participant-dir	ected Provid	ler managed

Service Speci State plans to	fications (Specify a service title for the HCBS listed in Attachment 4.19-B that the cover):
Service Title:	Home and Community Based Habilitation and Support – Family/Couple without the Recipient Present – Individual Setting
Service Defin	tion (Scope): Definition
treatment regi member or pro- individualized assisting in the live successfu Assisting in the	education to instruct a parent, or other family member, or primary caregiver about the mens appropriate to the recipient; and to improve the ability of the parent, family mary caregiver to provide the care to or for the recipient. This service includes face-to-face services directed at the health, safety and welfare of the recipient and e acquisition, improvement, and retention of skills necessary to support recipients to lly in the community. Skills training as used in this service description means: he reinforcement, management, adaptation and/or retention of skills necessary to live the community.
	eds-based criteria for receiving the service, if applicable (specify):
Specify limits	(if any) on the amount, duration, or scope of this service for (chose each that applies):
X Categori	cally needy (specify limits):Insert Program Standards
Serv     an in     Reci     Serv     Acti     pers	ice requires face-to-face contact with family members or non-professional caregivers in dividual setting. pients are expected to show benefit from services, ices must be goal-oriented and related to the IICP. vities include implementation of the individualized support plan, assistance with onal care, coordination and facilitation of medical and non-medical services to meet hear needs.

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- May include, but not limited to the following types of services:
  - o Skills training in food planning and preparation, money management, maintenance of living environment.

Safety Control of the Control of the

- O Training in appropriate use of community services
- o Medication-related education and training by non medical staff.

Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses; how to locate and interview prospective roommates, and renter's rights and responsibilities training.

Home and Community Based Habilitation and Support, including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for up to a total of 2 hours per day (eight units per day).

#### Exclusions:

- Recipients receiving MRO services
- · Recipients in partial hospitalization or inpatient hospitalization on the same day

☐ Medically needy (specify limits):N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.</li> </ul>
			In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHH service must meet the following standard for this service, as follows:  (A) Licensed professional;

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Approval Date:

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Effective Date: 10/01/2013

	(В) QВН (С) ОВН		
Verification of Proneeded):	vider Qualifications (For each provider type listed of	above. Copy rows as	
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
Agency	DMHA	Initially and at time of DMHA certification renewal	
Service Delivery M	lethod. (Check each that applies):		
Participant-directed Provider managed			

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**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):

Service Title: Home and Community Based Habilitation and Support - Group Setting

Service Definition (Scope): Definition

Face-to-face services provided in a group setting directed at the health, safety and welfare of the recipient and assisting in the management, adaptation and/or retention of skills necessary to support recipients to live successfully in the most integrated setting appropriate to the recipient's needs. Assisting recipients to gain an understanding of/and self-management of behavioral and medical health conditions. Services are provided in the recipient's home (living environment) or other community based settings outside of a clinic/office environment. Skills training as used in this service description means: Assisting in the reinforcement, management, adaptation and/or retention of skills necessary to live successfully in the community.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):

- Categorically needy (specify limits): Insert Program Standards
  - Service requires face-to-face contact in a group setting.
  - Recipients are expected to show benefit from services,
  - Services must be goal-oriented and related to the IICP.
  - Activities include implementation of the individualized support plan, assistance with personal care, coordination and facilitation of medical and non-medical services to meet healthcare needs.
  - May include, but not limited to the following types of services:
    - o Skills training in food planning and preparation, money management, maintenance of living environment.
    - Training in appropriate use of community services
    - o Medication-related education and training by non medical staff.

Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses; how to locate and interview prospective roommates, and renter's rights and responsibilities training.

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State: Indiana

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hours per day Exclusions: • Recipien • Recipien	y (eight units per da its receiving MRO s	y). ervices lization or inpatient ho		ovided for up to a total of 2  n the same day
Provider Qualifi	cations (For each t	ype of provider. Copy		
Provider Type	License	Certification	ļ	Other Standard (Specify):
(Specify): Agency	(Specify): N/A	(Specify):  DMHA-certified Community Mental Health Center (CMHC)	agencies mus defined criter the following	oved AMHH provider t meet DMHA and OMPP- ia and standards, including
			Nation entity (B) Proving Medity (C) Proving documents with define 4051 (D) Proving AMI as defined	ider agency has acquired a small Accreditation by an approved by DMHA. ider agency is an enrolled loaid provider that offers a continuum of care. ider agency must maintain mentation in accordance the Medicaid requirements and under 405 IAC 1-5-1 and IAC 1-5-3. ider agency must meet all IH provider agency criteria, efined in the SPA and IH operating policy.
			provider age that the agen AMHH servi	o meeting criteria for a ncy, the agency must certify cy staff providing an ice must meet the following this service, as follows:
			(A) Lice (B) QBF (C) OBF	Notice that the particle was blood to be the first of the second
	Provider Qualifica	tions (For each provi	der type listed	above. Copy rows as
needed): Provider Type (Specify):	e Entity I	Responsible for Verif (Specify):	ication	Frequency of Verification (Specify):

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Approval Date: \_

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State: Indiana

§1915(i) State Plan Home and Community Based Services

Agency DMHA	Initially and at time of DMHA certification
	renewal
Service Delivery Method. (Check ea	ich that applies):
☐ Participant-directed	Provider managed
Service Specifications (Specify a ser State plans to cover):	vice title for the HCBS listed in Attachment 4.19-B that the

enderferen, etti ikkalaren end. Markiriar piaka parinteran anand. Urilaren piakaria

Home and Community Based Habilitation and Support - Family/Couple with Service Title: Recipient Present (Group Setting) Service Definition (Scope): Definition Face-to-face services provided in a group setting directed at the health, safety and welfare of the recipient and assist in the management, adaptation and/or retention of skills necessary to support recipients to live successfully in the most integrated setting appropriate to the recipient's needs. Training and education to instruct a parent, or other family member, or primary caregiver about the treatment regimens appropriate to the recipient; and to improve the ability of the parent, family member or primary caregiver to provide the care to or for the recipient. Skills training as used in this service description means: Assisting in the reinforcement, management, adaptation and/or retention of skills necessary to live successfully in the community. Additional needs-based criteria for receiving the service, if applicable (specify): Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies): Categorically needy (specify limits): Insert Program Standards Service requires face-to-face contact in a group setting. Recipients are expected to show benefit from services, Services must be goal-oriented and related to the IICP. Activities include implementation of the individualized support plan, assistance with personal care, coordination and facilitation of medical and non-medical services to meet healthcare needs. May include, but not limited to the following types of services: Skills training in food planning and preparation, money management, maintenance of living environment. Training in appropriate use of community services Medication-related education and training by non medical staff. Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses; how to

locate and interview prospective roommates, and renter's rights and responsibilities training. Home and Community Based Habilitation and Support, including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for up to a total of 2

hours per day (eight units per day).

#### **Exclusions:**

- Recipients receiving MRO services
- Recipients in partial hospitalization or inpatient hospitalization on the same day

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Medically nee	edy (specify limits):	IV/A			
Provider Qualific	ations (For each t	pe of provider. Copy	v rows as neede	ed):	
Provider Type (Specify):	License (Specify):	Certification (Specify):		Other Standard (Specify):	
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	agencies mus	proved AMHH provider ust meet DMHA and OMPP teria and standards, including	
			Nation entity (B) Proving Medical full-control full-contr	ider agency has acquired a onal Accreditation by an approved by DMHA. ider agency is an enrolled icaid provider that offers a continuum of care. ider agency must maintain mentation in accordance the Medicaid requirements and under 405 IAC 1-5-1 and IAC 1-5-3. ider agency must meet all HH provider agency criteria, efined in the SPA and HH operating policy.	
			provider age that the agen service must for this servi (A) Lice (B) QBF	east siden e tair fail ann inn aite an 11 an an an an	
Varification of D	Provider Onalifica	tions (For each provi	(C) OBI	above. Copy rows as	
needed):	10 yidei Quaiiilea	and and a control of		-	
Provider Type (Specify):	Entity l	Responsible for Verif (Specify):	ication	Frequency of Verificatio (Specify):	
Agency	DMHA			Initially and at time of DMHA certification renewal	
Service Delivery	Method. (Check	Colored Color			
□ Participant-	directed		Provider mana	aged	

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Effective Date: <u>10/01/2013</u>

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):	2
Service Title: Home and Community Based Habilitation and Support – Family/Couple without Recipient Present (Group Setting)	t
Service Definition (Scope): Definition	
Training and education in a group setting to instruct a parent, or other family member, or primary caregiver about the treatment regimens appropriate to the recipient; and to improve the ability of parent, family member or primary caregiver to provide the care to or for the recipient. This servincludes individualized face-to-face services with the family or nonprofessional caregivers direct the health, safety and welfare of the recipient and assisting in the acquisition, improvement, and retention of skills necessary to support recipients to live successfully in the community.	the ice
Home and Community Based Habilitation and Support –Family/Couple without the recipient pro (group setting) involves face-to-face contact with the family or nonprofessional caregivers that re in the recipient's development and/or retention of skills (for example, self-care, daily life management, or problem-solving skills), in a group setting. The service is focused on the health, safety and welfare of the recipient and assisting in the acquisition, improvement, and retention o skills necessary to support recipients to live successfully in the community. This service is provi through structured interventions for attaining goals identified in the IICP and the monitoring of t recipient's progress in achieving those skills.	esult f ided
Skills training as used in this service description means: Assisting in the reinforcement, manager adaptation and/or retention of skills necessary to live successfully in the community.	ment,
Additional needs-based criteria for receiving the service, if applicable (specify):	
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that appr	lies):
Categorically needy (specify limits): Insert Program Standards	
<ul> <li>Service requires face-to-face contact in a group setting.</li> <li>Recipients are expected to show benefit from services.</li> <li>Services must be goal-oriented and related to the IICP.</li> <li>Activities include implementation of the individualized support plan, assistance with personal care, coordination and facilitation of medical and non-medical services to mee healthcare needs.</li> </ul>	et
<ul> <li>May include, but not limited to the following types of services:         <ul> <li>Skills training in food planning and preparation, money management, maintenance living environment.</li> <li>Training in appropriate use of community services</li> <li>Medication-related education and training by non medical staff.</li> </ul> </li> </ul>	e of
Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses; how locate and interview prospective roommates, and renter's rights and responsibilities trainin	v to
Home and Community Based Habilitation and Support, including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for up to a total	of 2

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Exclusions:

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hours per day (eight units per day).

Recipients receiving MRO services

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State: Indiana

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Medically nee	dy (specify limits).	·N/A		
Provider Qualifica	ations (For each t	vpe of provider. Copy	y rows as neea	led):
Provider Type (Specify):	License (Specify):	Certification (Specify):		Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	agencies mudefined crite the following (A) Provider agencies In addition provider agencies for this service musefor this service (A) Lice (B) QB (C) OB	vider agency has acquired a onal Accreditation by an ty approved by DMHA. Vider agency is an enrolled dicaid provider that offers a continuum of care. Vider agency must maintain umentation in accordance in the Medicaid requirements ned under 405 IAC 1-5-1 and IAC 1-5-3. Vider agency must meet all IHH provider agency criteria, lefined in the SPA and IHH operating policy.  Ito meeting criteria for a ency, the agency must certify ney staff providing an AMH at meet the following standard vice, as follows: ensed professional; HP; or HP.
needed):  Provider Type		Responsible for Verif		A above. Copy rows as  Frequency of Verification
(Specify):		(Specify):		(Specify):
Agency	DMHA Initially and at time of DMHA certification renewal			

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	vice Specificate e plans to cove		vice title for the HCB	S listed in Attachment 4.19-B that the
Serv	ice Title: Re	spite Care		
Serv	ice Definition	(Scope):Definition		
prof non- reci	essional (unpa -professional c pient's home o	id) caregiver. Thes aregiver's absence (	e services are furnishor need for relief. The in the caregiver's ho	nemselves and are living with a non- ed on a short-term basis because of the ese services can be provided in the ome, or in a non-private residential setting
Add	litional needs-l	pased criteria for rec	ceiving the service, if	applicable (specify):
Spe	cify limits (if a	iny) on the amount,	duration, or scope of	this service for (chose each that applies):
Ø			ts):Insert Program Si	
E	receiving identified Service if and welfa This service and a maxim Care a day is days for a ma Exclusions: Shall not attend so Services Respite of	the service including in the HCP.  The the HCP in the HCP in the HCP in the provided in the edition of the recipient. It is offered at a 15-min of 75 hours per offered at the daily eximum of 28 days of the used as care to a shool provided to an recipient in the HCP in the edition in the HCP in th	the least restrictive ending the least restrictive ending the least restrictive ending and 15-minute water. Respite care maduring any year.  Allow the persons normalient living in a DMH pient living in support ate any other service.	is based on the needs of the recipient of medications or behavioral symptoms as nyironment available and ensure the health to seven hours (28 15-minute units) per day units). Eight hours to 24 hours of Respite ay be provided for up to 14 consecutive mally providing care to go to work or (A licensed residential facility tive housing being provided under the recipient's IICP
Pro	ovider Qualifi	cations (For each t	ype of provider. Cop	y rows as needed):
Pro	ovider Type pecify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
	ency	N/A	DMHA-certified	DMHA-approved AMHH provider

Mental Health

Center (CMHC)

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defined criteria and standards, including

(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.
(B) Provider agency is an enrolled Medicaid provider that offers a

the following:

support s Care mu of practi- law. Pro qualifica (A).1 (B).4 (C).1	services provided within Respite st be provided within the scope ce as defined by federal and state syiders must meet the following itions: Physician; Advanced Practice Nurse (APN) Physician Assistant (PA); Registered Nurse (RN); or Licensed Practical Nurse (LPN).
(C)	Physician Assistant (PA);
(C)	Physician Assistant (PA);
(B).	Advanced Practice Nurse (APN)
qualifica	tions:
of practi	ce as defined by federal and state
Care mu	st be provided within the scope
	on administration and medical
	QBHP; or DBHP:
(A) I	icensed professional;
	nust meet the following standard ervice, as follows:
that the a	agency, the agency must certify igency staff providing an AMHI
	on to meeting criteria for a
	MHH operating policy.
a	s defined in the SPA and
	'rovider agency must meet all AMHH provider agency criteria
4	05 IAC 1-5-3.
	vith the Medicaid requirements efined under 405 IAC 1-5-1 and
知识结构的设计,如此对数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	rovider agency must maintain ocumentation in accordance

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Service Definition (Scope): Definition

Therapy and behavioral support services is a series of time-limited, structured, face-to-face sessions that work toward the goals identified in the individualized integrated care plan. Therapy and behavioral support services must be provided at the recipient's home (living environment) or at other locations outside the clinic setting.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):

Categorically needy (specify limits): Insert Program Standards

- The Medicaid identified recipient is the focus of the treatment;
  Documentation must support how the service specifically benefits the identified recipient.
- Therapy / behavioral support services must demonstrate progress toward and/or achievement of individual treatment goals.
- Therapy / behavioral support services goals must be habilitative in nature.
- Observation of the recipient in their environment for purpose of care plan development.
- Development of a person centered behavioral support plan and subsequent revisions which
  may be a part of the individualized integrated care plan
- Allowable training activities include:
  - assertiveness:
  - stress reduction techniques;
  - o the acquisition of socially accepted behaviors
- Implementation of the behavior support plan for staff, family members, roommates, and other appropriate individuals

Individual setting Therapy and Behavioral Support service, including all 3 subtypes (individual,, family/couple, with and without recipient present) may be provided for a maximum of 24 hours (96 units) per year.

#### Exclusions:

Recipients receiving MRO services

Medically needy (specify limits): N/A

- Recipients in partial hospitalization or inpatient hospitalization on the same day
- Therapy services provided in a clinic setting are not billable under the 1915(i) but may
  qualify for reimbursement under the clinic option

Provider Qualifications (For each type of provider. Copy rows as needed):			
Agency	N/A	DMHA- certified Community	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
es es de de la color de la Escapación de la color de		Mental	(A) Provider agency has acquired a

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Health

Center

Effective Date: 10/01/2013

National Accreditation by an entity

approved by DMHA.

State: Indiana

§1915(i) State Plan Home and Community Based Services

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	CMI	Medicaid provider that offers a full- continuum of care.  (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.  (D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.
		In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHH service must meet the following standards for this service, as follows:  (A) Licensed professional, except for a licensed clinical addiction counselor, as defined under IC 25-23.6-10.5; or  (B) QBHP.
Verification of Pro	ovider Qualifications (Fo	r each provider type listed above. Copy rows as
needed):	<b>2</b>	
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
· Charles There · Charles	Method. (Check each that	applies):
Parti	cipant-directed	☐ Provider managed
Service Specificat State plans to cove	ions (Specify a service titler):	le for the HCBS listed in Attachment 4.19-B that the
Service Title: Th	nerapy and Behavioral Sup esent (Individual Setting)	port Services – Family/Couple with the Recipient
Service Definition	(Scope): Definition	
structured, face-to- care plan. The face professional careg	-face sessions that work to e-to-face interaction may b ivers in an indi∨idual settii	the Recipient Present is a series of time-limited, ward the goals identified in the individualized integrated e with the recipient and family members or non-  ng. Family/Couple Counseling and Therapy must be ner locations outside the clinic setting.
Additional needs-l	based criteria for receiving	the service, if applicable (specify):
		on, or scope of this service for (chose each that applies):
Categorically	needy (specify limits):Inse	ert Program Standards
: <u>12-003</u> persedes:	Approval Date:	9/25/13 Effective Date: 10/01/2013

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- The Medicaid identified recipient is the focus of the treatment;
- Documentation must support how the service specifically benefits the identified recipient.
- Therapy / behavioral support services must demonstrate progress toward and/or achievement
  of individual treatment goals.
- Therapy / behavioral support services goals must be habilitative in nature.
- Observation of the recipient in their environment for purpose of care plan development.
- Development of a person centered behavioral support plan and subsequent revisions which may be a part of the individualized integrated care plan
- · Allowable training activities include:
  - Assertiveness;
  - o stress reduction techniques;
  - o the acquisition of socially accepted behaviors
- Implementation of the behavior support plan for staff, family members, roommates, and other appropriate individuals

Individual setting Therapy and Behavioral Support service, including all 3 subtypes (individual, family/couple, with and without recipient present) may be provided for a maximum of 24 hours (96 units) per year.

## Exclusions:

Recipients receiving MRO services

Medically needy (specify limits): N/A

- Recipients in partial hospitalization or inpatient hospitalization on the same day
- Therapy services provided in a clinic setting are not billable under the 1915(i) but may
  qualify for reimbursement under the clinic option

**Provider Qualifications** (For each type of provider. Copy rows as needed): Certification Other Standard License Provider Type (Specify): (Specify): (Specify): (Specify): DMHA-approved AMHH provider DMHA-certified N/A Agency agencies must meet DMHA and OMPP-Community defined criteria and standards, including Mental Health the following: Center (CMHC) (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA. (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care. (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and

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	(D) Prov AM as d	IAC 1-5-3.  //ider agency must meet all HH provider agency criteria, efined in the SPA and HH operating policy.
	provider age that the age service mus for this serv (A) Lice a license	
Verification of Pr	ovider Qualifications (For each provider type listed	above. Copy rows as
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA.	Initially and at time of DMHA certification renewal
Service Delivery	Method. (Check each that applies):	
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Service Special State plans to a	ications (Specify a service title for the HCBS listed in Attachment 4.19-B that the cover):
Service Title:	Therapy and Behavioral Support Services – Family/Couple without the Recipient Present (Individual Setting)
Service Defini	tion (Scope): Definition
structured, fac care plan. The an individual s	Counseling and Therapy without the Recipient Present is a series of time-limited, e-to-face sessions that work toward the goals identified in the individualized integrated face-to-face interaction may be with family members or non-professional caregivers in etting. Family/Couple Counseling and Therapy must be provided at home (living or other locations outside the clinic setting.
	ds-based criteria for receiving the service, if applicable (specify):
Specify limits	(if any) on the amount, duration, or scope of this service for (chose each that applies):
	ally needy (specify limits):Insert Program Standards
The M Docum	edicaid identified recipient is the focus of the treatment; nentation must support how the service specifically benefits the identified recipient. by / behavioral support services must demonstrate progress toward and/or achievement

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of individual treatment goals.

- Therapy / behavioral support services goals must be habilitative in nature.
- Observation of the recipient in their environment for purpose of care plan development.
- Development of a person centered behavioral support plan and subsequent revisions which may be a part of the individualized integrated care plan

- Allowable training activities include:
  - Assertiveness;
  - o stress reduction techniques;
  - o the acquisition of socially accepted behaviors
- Implementation of the behavior support plan for staff, family members, roommates, and other appropriate individuals

Individual setting Therapy and Behavioral Support service, including all 3 subtypes (individual, family/couple, with and without recipient present) may be provided for a maximum of 24 hours (96 units) per year.

## **Exclusions:**

- Recipients receiving MRO services
- Recipients in partial hospitalization or inpatient hospitalization on the same day
- Therapy services provided in a clinic setting are not billable under the 1915(i) but may
  qualify for reimbursement under the clinic option

☐ Medically needy (specify limits):N/A

Provider Qualing Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 an 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria</li> </ul>

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Varification of Dw	provider age that the ager service mus for this serv (A) Lice a license	HP.
needed):	vides Quamentons (x vi osori province of p	17
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery N	Method. (Check each that applies):	
☐ Participant-di	PER LEGAL	aged

Participant-directed Provider managed
<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):
Service Title: Therapy and Behavioral Support Services - Group Setting
Service Definition (Scope): Definition
Group Counseling and Therapy is a series of time-limited, structured, face-to-face sessions that work toward the goals identified in the individualized integrated care plan. Group Counseling and Therapy must be provided at the recipient's home (living environment) or at other locations outside the clinic setting.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):
Categorically needy (specify limits): Insert Program Standards
<ul> <li>The Medicaid identified recipient is the focus of the treatment;</li> <li>Documentation must support how the service specifically benefits the identified recipient.</li> <li>Therapy / behavioral support services must demonstrate progress toward and/or achievement of individual treatment goals.</li> <li>Therapy / behavioral support services goals must be habilitative in nature.</li> <li>Observation of the recipient in their environment for purpose of care plan development.</li> <li>Development of a person centered behavioral support plan and subsequent revisions which may be a part of the individualized integrated care plan.</li> </ul>

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- Allowable training activities include:
  - Assertiveness;
  - o stress reduction techniques;
  - o the acquisition of socially accepted behaviors
- Implementation of the behavior support plan for staff, family members, roommates, and other appropriate individuals

Group setting Therapy and Behavioral Support service, including all 3 subtypes (group with recipient, and group with family/couple, with and without recipient present) may be provided for a maximum of 30 hours (120 units) per year.

#### Exclusions:

- Recipients receiving MRO services
- Recipients in partial hospitalization or inpatient hospitalization on the same day
- Therapy services provided in a clinic setting are not billable under the 1915(i) but may
  qualify for reimbursement under the clinic option
- Medically needy (specify limits): N/A

**Provider Qualifications** (For each type of provider. Copy rows as needed): Other Standard License Certification Provider Type (Specify): (Specify): (Specify): (Specify): DMHA-approved AMHH provider DMHA-certified N/A Agency agencies must meet DMHA and OMPP-Community defined criteria and standards, including Mental Health the following: Center (CMHC) (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA. (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care. (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3. (D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy. In addition to meeting criteria for a provider agency, the agency must certify

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that the agency staff providing an AMHH

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for thi (A a) co 23	e must meet the following standards s service, as follows:  ) Licensed professional, except for licensed clinical addiction unselor, as defined under IC 25-6-10.5; or  ) QBHP.
vider Qualifications (For each provider type	listed above. Copy rows as
Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
DMHA	Initially and at time of DMHA certification renewal
ethod. (Check each that applies):	
ected Provide	r managed
ace sessions that work toward the goals identite to-face interaction may be with the recipient avers in a group setting. Family/Couple Counseironment) or other locations outside the clinic	fied in the individualized integrated and family members or non- eling and Therapy must be provided setting.
ased criteria for receiving the service, if applic	able ( <i>specify):</i>
ov) on the amount, duration, or scope of this se	ervice for (chose each that applies):
needy (specify limits): Insert Program Standar aid identified recipient is the focus of the treatment ion must support how the service specifically chavioral support services must demonstrate pull treatment goals.  The end of the recipient in their environment for purport services.	ds  ment; benefits the identified recipient.  rogress toward and/or achievement  itative in nature; ose of care plan development.
	Entity Responsible for Verification (Specify):  DMHA  Lethod. (Check each that applies): Letted

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o the acquisition of socially accepted behaviors

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• Implementation of the behavior support plan for staff, family members, roommates, and other appropriate individuals

Group setting Therapy and Behavioral Support service, including all 3 subtypes (group with recipient, and group with family/couple, with and without recipient present) may be provided for a maximum of 30 hours (120 units) per year.

# **Exclusions:**

- Recipients receiving MRO services
- Recipients in partial hospitalization or inpatient hospitalization on the same day
- Therapy services provided in a clinic setting are not billable under the 1915(i) but may
  qualify for reimbursement under the clinic option

☐ Medically needy (specify limits):N/A

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.</li> </ul>
			In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHI service must meet the following standard for this service, as follows:  (A) Licensed professional, except for a licensed clinical addiction

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			selor, as defined under IC 25- 10.5; or P.
Verification of Proneeded):	ovider Qualifications (For eac	h provider type list	ted above. Copy rows as
Provider Type (Specify):	Entity Responsible fo		Frequency of Verification (Specify):
Agency	DMHA.		
Service Delivery N	Method. (Check each that appl	ies):	AMPPER OF THE RESIDENCE OF THE SECOND CONTRACTOR OF THE SECOND CONTRACT
Participant-di	ected ions (Specify a service title for	Provider m	
		Services – Family/	Couple without Recipient Present
Service Definition	roup Setting) (Scope): Definition		
professional careg at home (living en	ivers in a group setting. Family vironment) or other locations or oased criteria for receiving the s	/Couple Counselin utside the clinic set	
Specify limits (if a	ny) on the amount, duration, or	scope of this servi	ice for (chose each that applies):
The Medic Document Therapy of individu Therapy Observatio Development	needy (specify limits): Insert Private identified recipient is the foation must support how the services must all treatment goals.  behavioral support services goals of the recipient in their environt of a person centered behavioral of the individualized integral	cus of the treatment vice specifically be st demonstrate prop Is must be habilitate onment for purpose oral support plan as	mefits the identified recipient. gress toward and/or achievement tive in nature. s of care plan development.
	training activities include:		
O	assertiveness;		
þ	stress reduction techniques;		
	the acquisition of socially acc ation of the behavior support p a individuals	ил дости били офилистители, в примежени и принедин били не и избил	/ members, roommates, and othe

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Group setting Therapy and Behavioral Support service, including all 3 subtypes (group with recipient, and group with family/couple, with and without recipient present) may be provided for a maximum of 30 hours (120 units) per year.

# **Exclusions:**

- Recipients receiving MRO services
- · Recipient in partial hospitalization or inpatient hospitalization on the same day
- Therapy services provided in a clinic setting are not billable under the 1915(i) but may
  qualify for reimbursement under the clinic option

☐ Medically needy (specify limits):N/A

Provider Type (Specify):	License (Specify):	ype of provider. Cop Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.</li> </ul>
			In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHI service must meet the following standard for this service, as follows:  (A) Licensed professional, except for a licensed clinical addiction counselor, as defined under IC 25-23.6-10.5; or  (B) QBHP.

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Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery N	<b>Iethod.</b> (Check each that applies):	
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	ons (Specify a service title for the HCBS listed in	n Attachment 4.19-B that the
State plans to cove.		
Service Title: Ac Service Definition	diction Counseling — Individual Setting (Scope): Definition	
where addiction pr the recipient's reco	on Counseling is a planned and organized face-to- ofessionals and other clinicians provide counselin very goals identified in the IICP. ased criteria for receiving the service, if applicable	g intervention that works toward
Specify limits (if a	ny) on the amount, duration, or scope of this servi	ce for (chose each that applies):
	needy (specify limits):Insert Program Standards	4
Documen     Addiction     Addiction     Addiction     Addiction     S     p	ent is the focus of Addiction Counseling.  tation must support how Addiction Counseling be Counseling requires face-to-face contact with the Counseling consists of regularly scheduled session Counseling may include the following: ducation on addiction disorders.  kills training in communication, anger management revention.  In must demonstrate progress towards and/or achies	recipient. ons. nt, stress management, relapse
	o available community recovery support programs	s is available.
The combined	I total of individual and group Addiction Counsel 64 hours (units) per year.	AND THE PARTY AND

responsible to the second of the second of the second of the second second of the second second second second

Verification of Provider Qualifications (For each provider type listed above. Copy rows as

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care or who need detoxification services. Recipients at risk of harm to self or others.

Medically needy (specify limits):N/A

Recipients with withdrawal risk/symptoms whose needs cannot be managed at this level of

Addiction Counseling sessions that consist of only education services are not reimbursed.

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Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	agencies mus	oved AMHH provider
	ovider Qualificat	ions (For each provi	the following  (A) Proving  (A) Proving  (B) Proving  (B) Proving  (C) Proving  (C) Proving  (D) Proving  (D) Proving  (A) Lice  (B) OBE	der agency has acquired a mal Accreditation by an approved by DMHA. Ider agency is an enrolled caid provider that offers a continuum of care. Ider agency must maintain mentation in accordance the Medicaid requirements ed under 405 IAC 1-5-1 and IAC 1-5-3. Ider agency must meet all IH provider agency criteria, offined in the SPA and IH operating policy.  In meeting criteria for a next, the agency must certify cy staff providing an AMHH meet the following standards ce, as follows:
needed): Provider Type	Entity F	Responsible for Verifi	ication	Frequency of Verification
(Specify):	,	(Specify):		(Specify):
Agency	DMHA			Initially and at time of DMHA certification renewal
Service Delivery N	<b>Aethod.</b> (Check a	each that applies):	Provider mana	

Service Specif	ications (Specify a service title for the HCBS listed in Attachment 4.19-B that the
State plans to	
Service Title:	Addiction Counseling - Family/Couple with Recipient Present (Individual Setting)
	tion (Scope): Definition

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Family/Couple Addiction Counseling is a planned and organized face-to-face service with the recipient, where addiction professionals and other clinicians provide counseling intervention with family and/or significant others that work toward the recipient's recovery goals identified in the IICP.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):

- Categorically needy (specify limits): Insert Program Standards
  - The Medicaid identified recipient is the focus of the treatment.
  - Documentation must support how the service specifically benefits the identified recipient.
  - Counseling must demonstrate progress towards and/or achievement of individual treatment goals.
  - Referral to available community recovery support programs is available.

The combined total of individual and group Addiction Counseling service may be provided for a maximum of 64 hours (units) per year.

#### **Exclusions:**

- Recipients with withdrawal risk/symptoms whose needs cannot be managed at this level of care or who need detoxification services.
- · Recipients at risk of harm to self or others.
- Addiction Counseling sessions that consist of only education services are not reimbursed.
- Addiction Counseling may not be provided for professional caregivers.

☐ Medically needy (specify limits): N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria,</li> </ul>

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Effective Date: <u>10/01/2013</u>

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	provider ag that the ag service mu for this ser	to meeting criteria for a gency, the agency must certify ency staff providing an AMHH st meet the following standards vice, as follows: bensed professional;
Verification of Proneeded):	wider Qualifications (For each provider type liste	d above. Copy rows as
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
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Service Delivery N	<b>Tethod.</b> (Check each that applies):	
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Service Title:	Addiction Counseling – Family/Couple without Recipient Present (Individual Setting)
Service Defin	tion (Scope): Definition
structured, facindividualized	e Addiction Counseling without the recipient Present is a series of time-limited, e-to-face sessions that work toward the goals of the recipient identified in the integrated care plan. The face-to-face interaction may be with family members or non aregivers in an individual setting. Family/Couple Counseling and Therapy must be one (living environment) or other locations outside the clinic setting.
	eds-based criteria for receiving the service, if applicable (specify):
Specify limits	(if any) on the amount, duration, or scope of this service for (chose each that applies):
	cally needy (specify limits):Insert Program Standards
The Doc Cou goal Refe The com	Medicaid identified recipient is the focus of the treatment. imentation must support how the service specifically benefits the identified recipient. iseling must demonstrate progress towards and/or achievement of individual treatment
	ns: pients with withdrawal risk/symptoms whose needs cannot be managed at this level of
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Medically nee	edy (specify limits):	N/A		
			,	
		pe of provider. Copy	1	<i>ea)</i> : Other Standard
Provider Type (Specify):	License (Specify):	Certification (Specify):		(Specify):
Agency	N/A.	DMHA-certified Community Mental Health Center (CMHC)	agencies mus defined criter the following (A) Prov Natio entity (B) Prov Med full-(C) Prov docu with defin 405 (D) Prov AMI as de AMI In addition to provider age that the agen service must for this servi (A) Lice (B) QBI	ider agency has acquired a mal Accreditation by an approved by DMHA. ider agency is an enrolled icaid provider that offers a continuum of care. ider agency must maintain mentation in accordance the Medicaid requirements and under 405 IAC 1-5-1 and IAC 1-5-3. ider agency must meet all HI provider agency criteria, if fined in the SPA and HI operating policy.  In meeting criteria for a necy, the agency must certify cy staff providing an AMHI meet the following standard ce, as follows:  In meeting criterial;  In meeting criter
needed):  Provider Type		tions (For each provi		Frequency of Verification
(Specify):	Since 1	(Specify):		(Specify):
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	vice Specificati e plans to cover		vice title for the HCB	S listed in Attachment 4.19-B that the
	[417427.25T]	diction Counseling	- Group Setting	
		(Scope): Definition		
addi	iction professio	nals and other clini	cians provide counse	ce-to-face service with the recipient where ling intervention in a group setting that identified in the IICP.
			eiving the service, if	
Spe	cify limits (if a	ny) on the amount,	duration, or scope of	this service for (chose each that applies):
X			ts):Insert Program St	
	Treatmen Services I C E C S P Counseling goals. Referral I The combined maximum of Exclusions: Recipient care or w Recipient Addiction	t consists of regular may include the foll ducation on addicti kills training in conrevention.  In must demonstrate to available community demonstrated total of individual 64 hours (units) per swith withdrawal in he need detoxificates at imminent risk on Counseling session.	ly scheduled sessions lowing: on disorders. nmunication, anger me progress towards are nity recovery support and group Addiction year.  'isk/symptoms whose ion services. of harm to self or others that consist of only	nanagement, stress management, relapse and/or achievement of recipient treatment programs is available.  Counseling service may be provided for a needs cannot be managed at this level of
О	Medically ne	edy (specify limits).	·N/A	
Pre	ovider Qualific	cations (For each ty	vpe of provider. Cop	y rows as needed):
Pro	ovider Type pecify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
- T. T. K.	ency	NA	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:  (A) Provider agency has acquired a National Accreditation by an

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	AMI as de	IH provider agency criteria, fined in the SPA and IH operating policy.
	provider agen that the agen service must for this servi (A) Lice (B) QBH	The state of the s
Verification of Proneeded):	ovider Qualifications (For each provider type listed o	above. Copy rows as
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
	DMHA	Initially and at time of

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):
Service Title: Addiction Counseling - Family/Couple with Recipient Present (Group Setting)
Service Definition (Scope): Definition
Group Addiction Counseling with the recipient Present is a planned and organized face-to-face service with the recipient and family members or non-professional caregivers where addiction professionals and other clinicians provide counseling intervention in a group setting that works toward the recipient's individualized recovery goals identified in the IICP. Addiction Counseling must be provided at home (living environment) or other locations outside the clinic setting.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):
Categorically needy (specify limits): Insert Program Standards

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- The Medicaid identified recipient is the focus of the treatment.
- Documentation must support how the service specifically benefits the recipient.

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- Treatment consists of regularly scheduled sessions.
- Services may include the following:
  - Education on addiction disorders.
  - O Skills training in communication, anger management, stress management, relapse prevention.
- Counseling must demonstrate progress towards and/or achievement of recipient treatment goals.
- Referral to available community recovery support programs is available.

The combined total of individual and group Addiction Counseling service may be provided for a maximum of 64 hours (units) per year.

## Exclusions:

- Recipients with withdrawal risk/symptoms whose needs cannot be managed at this level of care or who need detoxification services.
- Recipients at imminent risk of harm to self or others.
- Addiction Counseling sessions that consist of only education services are not reimbursed.
- Addiction Counseling may not be provided for professional caregivers.

Medically needy (specify limits): N/A

Provider Qualifications (For each type of provider. Copy rows as needed): Other Standard Certification License Provider Type (Specify): (Specify): (Specify): (Specify): DMHA-approved AMHH provider DMHA -N/A Agency agencies must meet DMHA and OMPPcertified defined criteria and standards, including Community the following: Mental Health Center (CMHC) (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA. (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care. (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3. (D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.

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		In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHH service must meet the following standards for this service, as follows:  (A) Licensed professional;  (B) QBHP.
Verification of Pro	ovider Qualifications (For each provide	er type listed above. Copy rows as
Provider Type (Specify):	Entity Responsible for Verific (Specify):	ation Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery M	<b>1ethod.</b> (Check each that applies):	
Participant-dir	rected P	rovider managed

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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover): Service Title: Addiction Counseling - Family/Couple without Recipient Present (Group Setting) Service Definition (Scope): Definition Group Addiction Counseling without the Recipient Present is a planned and organized face-to-face service with family members or non-professional caregivers where addiction professionals and other clinicians provide counseling intervention in a group setting that works toward the recipient's individualized recovery goals identified in the IICP. Addiction Counseling must be provided at home (living environment) or other locations outside the clinic setting. Additional needs-based criteria for receiving the service, if applicable (specify): Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies): Categorically needy (specify limits): Insert Program Standards The Medicaid identified recipient is the focus of the treatment. Documentation must support how the service specifically benefits the recipient. Treatment consists of regularly scheduled sessions. Services may include the following: Education on addiction disorders. Skills training in communication, anger management, stress management, relapse prevention. Counseling must demonstrate progress towards and/or achievement of recipient treatment Referral to available community recovery support programs is available.

The combined total of individual and group Addiction Counseling service may be provided for a

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maximum of 64 hours (units) per year.

Effective Date: 10/01/2013

# **Exclusions:**

 Recipients with withdrawal risk/symptoms whose needs cannot be managed at this level of care or who need detoxification services.

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- Recipients at imminent risk of harm to self or others.
- Addiction Counseling sessions that consist of only education services are not reimbursed.
- Addiction Counseling may not be provided for professional caregivers.

ŀ		Medically needy (specify limits):N/A	
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Provider Type (Specify):	License (Specify):	vpe of provider. Copy Certification (Specify):		Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	agencies mus	ved AMHH provider t meet DMHA and OMPP- ia and standards, including
			Nation entity (B) Proving Medity (C) Proving documents with define 405 I (D) Proving AMI as de	der agency has acquired a mal Accreditation by an approved by DMHA. der agency is an enrolled caid provider that offers a ontinuum of care. der agency must maintain mentation in accordance the Medicaid requirements ed under 405 IAC 1-5-1 and AC 1-5-3. ider agency must meet all IH provider agency criteria, fined in the SPA and IH operating policy.
			provider ager that the agen- service must for this service	o meeting criteria for a new, the agency must certify by staff providing an AMHH meet the following standards be, as follows:  1. The professional;  1. The professional;
Verification of I needed):	Provider Qualificat	tions (For each provi	der type listed o	above. Copy rows as
Provider Type (Specify):	Entity I	Responsible for Verifi	cation	Frequency of Verification (Specify):

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Sem	vice Delivery N	lethod. (Check ea	ch that applies):	and the second of Tollowal Street Street Street
	Participant-dir		76.55	rovider managed
Service Service Service Service Service Service Service Supplied to the service Servic	vice Specificati te plans to cover vice Title: Per vice Definition or r Support Service port socialization munity living s litional needs-b cify limits (if an Categorically • Peer Supp • Services i o as ac de o as o st	ons (Specify a ser c):  The Support Services (Scope): Definition ces are face-to-face on, recovery, self-activities as a criteria for recovery on the amount, needy (specify limit out Services must be not services are dational services are dational services are dational services are described in the ser	services that provided by services that provided by services, if the duration, or scope of the duration, or scope of the desired in the III services; with developing self creasing active particulated services; in the development of solving related to reincition of anti-stigma active to the development of the develop	structured, scheduled activities that of natural supports, and maintenance of applicable (specify):  this service for (chose each that applies): andards  P  care plans and other formal mentoring ipation in person-centered planning and f psychiatric advanced directives; tegration into the community; and otivities.
	Exclusions:  Services t integratio Group Int Activities care coord	service may be pro hat are purely recre n goals, erventions are not billed under Home	vided for a maximum eational or diversiona billable as peer suppo e and Community Bar e not billable as peer	ed Habilitation and Support Services and
Pro	ovider Qualific	ations (For each t	ppe of provider. Cop	rows as needed):
Pro	ovider Type pecify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
	ency	N/A	DMHA-certified Community Mental Health	DMHA-approved AMHH provider agencies must meet DMHA and OMPP- defined criteria and standards, including

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	Center (CMHC)	the following:	
		(A) Provide Nation entity (B) Provide Medic full-conference (C) Provide documents with the define 405 L (D) Provide AMH as defined as defined to the conference (D) Provide AMH	ler agency has acquired a nal Accreditation by an approved by DMHA. Her agency is an enrolled said provider that offers a continuum of care. Her agency must maintain mentation in accordance the Medicaid requirements and under 405 IAC 1-5-1 and AC 1-5-3. Her agency must meet all H provider agency criteria, fined in the SPA and IH operating policy.
		provider agent that the agence service must for this service (A) Indiverse compand (B) Indiverse profession that the agence profession that the agence compand (B) Indiverse compa	meeting criteria for a cy, the agency must certify by staff providing an AMHH meet the following standards as follows:  viduals providing the service DMHA training and betency standards for fied Recovery Specialists;  vidual is under the rvision of a licensed essional or QBHP as defined is document under Section 4 erson Centered Planning.
	wider Qualifications (For each prov	ider type listed o	above. Copy rows as
needed): Provider Type (Specify):	Entity Responsible for Veri	fication	Frequency of Verification (Specify):
Agency	DMHA		Initially and at time of DMHA certification renewal
Service Delivery N	<b>Method.</b> (Check each that applies):		
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Service Specifica	ations (Specify a service title for the HCBS listed in Attachment 4.19-B that the
State plans to con	ver):
Service Title:	Supported Community Engagement Services

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# Service Definition (Scope): Definition

Services that engage a recipient in meaningful community involvement in activities such as volunteerism or community service. These include teaching concepts to encourage attendance, task completion, problem solving and safety. Services are aimed at the general result of community engagement. Services are habilitative in nature and shall not include explicit employment objectives.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):

# ☐ Categorically needy (specify limits): Insert Program Standards

- Collaboration with the organization to develop an individualized training plan that identifies specific supports required organizational expectations, training strategies, timeframes, and responsibilities.
- Services must be explicitly identified in the IICP and related to goals identified by the recipient.
- Services are provided to members who may benefit from community engagement and are unlikely to achieve this involvement without the provision of support.
- Services include assisting the recipient in developing relationships with community
  organizations specific to the recipient's interests and needs.
- Allowable activities include teaching concepts such as attendance, task completion, problem solving and safety for the purpose of achieving a generalized skill or behavior that may prepare the recipient for an employment setting.

These services shall be provided in a community setting.

This service is offered for up to eighteen hours per month for a total of 72 units per month.

#### Exclusions:

- If a provider chooses to compensate a recipient for such activities, the provider must use non-Medicaid funding and must be able to document the funding source.
- Training in specific job tasks.
- · Recipients who are currently competitively employed.
- Services are not available as vocational rehabilitation services funded under the Rehabilitation
   Act of 1973.

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Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:  (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.

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		(B) Provider agency is an enrolled  Medicaid provider that offers a
		full-continuum of care.
		(C) Provider agency must maintain
		documentation in accordance
		with the Medicaid requirements
		defined under 405 IAC 1-5-1 and
		405 IAC 1-5-3.
		(D) Provider agency must meet all AMHH provider agency criteria,
		as defined in the SPA and
		AMHH operating policy.
		In addition to meeting criteria for a
		provider agency, the agency must certify
		that the agency staff providing an AMHH
		service must meet the following standards
		for this service, as follows:
		(A) Licensed professional;
		(B) QBHP; or (C) OBHP.
Verification of Proneeded):	ovider Qualifications (For each	h provider type listed above. Copy rows as
Provider Type	Entity Responsible f	or Verification Frequency of Verification
(Specify):	(Specify	: (Specify):
Agency	DMHA	Initially and at time of
		DMHA certification renewal
Service Delivery N	Method. (Check each that app	lies):
☐ Participant-dir		Provider managed
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Service Special State plans to	lications (Specify a service title for the HCBS listed in Attachment 4.19-B that the cover):
Service Title:	Care Coordination
Service Defini	tion (Scope):Definition
educational, as coordination of coordination is development of the recipient of	ion consists of services that help recipients gain access to needed medical, social, and other services. This includes direct assistance in gaining access to services, f care, oversight of the entire case, and linkage to appropriate services. Care neludes: (1) assessment of the eligible recipient to determine service needs; (2) of an individualized integrated care plan (IICP); (3) referral and related activities to help brain needed services; (4) monitoring and follow-up; and (5) evaluation. Care oes not include direct delivery of medical, clinical, or other direct services. Care

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Additional	needs-based criteria	a for receiving	g the service,	if applicable (	(specify):	
	its (if any) on the a					

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- Categorically needy (specify limits): Insert Program Standards
- Care coordination must provide direct assistance in gaining access to needed medical, social, educational, and other services.
- Care coordination includes the development of an individualized integrated care plan, limited
  referrals to services, and activities or contacts necessary to ensure that the individualized
  integrated care plan is effectively implemented and adequately addresses the mental health and/or
  addiction needs of the eligible recipient.
- Care coordination may include:
  - Needs Assessment: focusing on needs identification of the recipient to determine the need for any medical, educational, social, or other services. Specific assessment activities may include: taking recipient history, identifying the needs of the recipient, and completing the related documentation. It also includes the gathering of information from other sources, such as family members or medical providers, to form a complete assessment of the recipient.
  - o Individualized Integrated Care Plan Development: the development of a written individualized integrated care plan based upon the information collected through the assessment phase. The individualized integrated care plan identifies the habilitative activities and assistance needed to accomplish the objectives.
  - Referral/Linkage: activities that help link the recipient with medical, social, educational providers, and/or other programs and services that are capable of providing needed habilitative services.
  - Monitoring/Follow-up: Face to face contact must occur at least every 90 days. Contacts and related activities are necessary to ensure the individualized integrated care plan is effectively implemented and adequately addresses the needs of the recipient. The activities and contacts may be with the recipient, family members, non-professional caregivers, providers, and other entities. Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with a service plan of the recipient, the adequacy of the services in the individualized integrated care plan, and changes in the needs or status of the recipient. This function includes making necessary adjustments in the individualized integrated care plan and service arrangement with providers.

Evaluation: the care coordinator must periodically reevaluate the recipient's progress toward achieving the individualized integrated care plan's objectives. Based upon the care coordinator's review, a determination would be made on if changes should be made. Time devoted to formal supervision of the case between care coordinator and licensed supervisor are included activities, and should be documented accordingly. This must be documented appropriately and billed under one provider only.

Care Coordination service may be provided for a maximum of 200 hours (800 units) per year. Exclusions:

- · Activities billed under Behavioral Health Reassessment (by a non-physician).
- The actual or direct provision of medical services or treatment. Examples include, but are not limited to:

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Training in daily living skills. Training in work skills and social skills. Grooming and other personal services. Training in housekeeping, laundry, cooking. Transportation services. Individual, group, or family therapy services. Trais intervention services. Services that go beyond assisting the recipient in gaining access to needed services. Examples include, but not limited to: Paying bills and/or balancing the recipient's checkbook. Traveling to and from appointments with recipients.  Medically needy (specify limits): N/A			
<b>Provider Qualifi</b> Provider Type	Cations (For each ty	vpe of provider. Copy Certification	y rows as needed): Other Standard
(Specify):	(Specify):	(Specify):	(Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:  (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.  (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.  (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.  (D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.  In addition to meeting criteria for a provider agency staff providing an AMHH service must meet the following standard for this service, as follows:  (A) Licensed professional;

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Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery N	<b>1ethod.</b> (Check each that applies):	,
Participant-directed Provider managed		
Service Specificati State plans to cover	ions (Specify a service title for the HCBS listed in Ar):	ttachment 4.19-B that the

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Service Title:	Medication Training and Support – Individual Setting
Service Defini	tion (Scope): Definition
individual sett training about	dication Training and Support involves face-to-face contact with the recipient, in an ing, for the purpose of monitoring medication compliance, providing education and medications, monitoring medication side effects, and providing other nursing or medication Training and Support also includes certain related non face-to-face
Additional nec	eds-based criteria for receiving the service, if applicable (specify):
- 1	
Specify limits	(if any) on the amount, duration, or scope of this service for (chose each that applies):
Categorio	cally needy (specify limits):Insert Program Standards
presc and t • Whe not d the C	to-face contact in an individual setting that includes monitoring self-administration of cribed medications and monitoring side effects, including weight, blood glucose level, blood pressure.  In provided in a clinic setting, Medication Training and Support may compliment, but uplicate, activities associated with medication management activities available under clinic Option.  In provided in residential treatment settings, Medication Training and Support may
• Med requ	Setting or filling medication boxes.
(	Consulting with the attending physician or AHCP regarding medication-related issues.  Ensuring linkage that lab and/or other prescribed clinical orders are sent.  Ensuring that the recipient follows through and receives lab work and services pursuant to other clinical orders.  Follow up reporting of lab and clinical test results to the recipient and physician.
• Doc	recipient is the focus of the service. Imentation must support how the service benefits the recipient. Ication Training and Support must demonstrate movement toward and/or achievement

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of recipient treatment goals identified in the individualized integrated care plan (IICP).

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Medication Training and Support goals are habilitative in nature

Medication Training and Support service including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for a maximum of 182 hours (728 units) per year.

## **Exclusions:**

- If Clinic Option medication management, counseling, or psychotherapy is provided and medication management is a component, then Medication Training and Support may not be billed separately for the same visit by the same provider.
- Coaching and instruction regarding recipient self-administration of medications is not reimbursable under Medication Training and Support, but may be billed as Skills Training and Development.

☐ Medically needy (specify limits):N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:  (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.  (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.  (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.  (E) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.
			In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHH service must meet the following standards for this service, as follows:
			(A) Medication Training and Support is

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			defined by (B)Agenci providing qualificati • I • A • I • I • I	within the scope of practice as federal and state law. ies certify that individual the service meets the following ons: Licensed physician Authorized health care professional (AHCP) Licensed registered nurse (RN) Licensed practical nurse (LPN) Medical Assistant (MA) who has graduated from a two (2)
	n of Pro	vider Qualifications (For each pr	rovider type listo	ed above. Copy rows as
needed): Provider ' (Specif		Entity Responsible for Vo	erification	Frequency of Verification (Specify):
Agency		DMHA		Initially and at time of DMHA certification renewal
Service De	livery N	lethod. (Check each that applies)		
□   Partici	pant-dir	ected	Provider ma	
Service Sp State plans		ons (Specify a service title for the	HCBS listed in	1 Attachment 4.19-B that the
Service Tit		dication Training and Support – Fadividual Setting)	amily/Couple w	ith the Recipient Present
		(Scope): <i>Definition</i>		
contact wit setting, for medication assessment	h the red the pur s, monit s. Med	lication Training and Support with ipient and family members or other lose of monitoring medication com- oring medication side effects, and cation Training and Support also in	er non-profession pliance, provid providing other ncludes certain	nal caregivers, in an individual ing education and training about nursing and medical non-face-to-face activities.
Additional	needs-b	ased criteria for receiving the servi	ice, if applicable	e (specify):
			C4l.! !	no for (abose each that amilian).
		ny) on the amount, duration, or sco		ce for (chose each that applies).
Factorial Factor	ice-to-fa regiver ay inch lininistr ood glu Then pro	needy (specify limits): Insert Progree contact in an individual setting in support of the recipient. de training of family members or ution of prescribed medications and cose level, and blood pressure, vided in the clinic setting, Medicatate, activities associated with med	with family me non-professiona d monitoring sic tion Training an	I caregivers to monitor self- le effects, including weight, d Support may compliment, but

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the Clinic Option

 When provided in residential treatment settings, Medication Training and Support may include components of medication management services.

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- The recipient is the focus of Medication Training and Support.
- Documentation must support how the service benefits the recipient, including when Medication Training and Support is provided in a group setting.
- Medication Training and Support results in demonstrated movement toward, or achievement
  of, the recipient's treatment goals identified by the individualized integrated care plan.
- Medication Training and Support goals are habilitative in nature.

Medication Training and Support service including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for a maximum of 182 hours (728 units) per year.

#### Exclusions:

- If Clinic Option medication management, counseling, or psychotherapy is provided and medication management is a component, then Medication Training and Support may not be billed separately for the same visit by the same provider.
- Coaching and instruction regarding recipient self-administration of medications is not reimbursable under Medication Training and Support, but may be billed as Skills Training and Development.

Medically needy (specify limits): N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.</li> </ul>

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	service must for this service  (A) Medicati provided with defined by fe (B) Agencies providing the qualification • Lice • Auth profe	nsed physician orized health care essional (AHCP)
	• Lice • Med grad	nsed registered nurse (RN) nsed practical nurse (LPN) ical Assistant (MA) who has uated from a two (2) year cal program
Verification of Pr	ovider Qualifications (For each provider type listed	above. Copy rows as
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Agency	DMHA	Initially and at time of DMHA certification renewal
Service Delivery  Participant-di	Method. (Check each that applies): rected Provider mans	ıged

Service Specificate plans to	
Service Title:	Medication Training and Support – Family/Couple without the Recipient Present (Individual Setting)
Service Defini	tion (Scope): Definition
contact with for purpose of me monitoring me	Medication Training and Support without the recipient Present involves face-to-face amily members or other non-professional caregivers, in an individual setting, for the nitoring medication compliance, providing education and training about medications, edication side effects, and providing other nursing and medical assessments.  aining and Support also includes certain non face-to-face activities.
	eds-based criteria for receiving the service, if applicable (specify):
Specify limits	(if any) on the amount, duration, or scope of this service for (chose each that applies):

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Categorically needy (specify limits): Insert Program Standards

- Face-to-face contact in an individual setting with family members or non-professional caregivers on behalf of the recipient.
- May include training of family members or non-professional caregivers to monitor assist
  with administration of prescribed medications and monitoring side effects, including weight,
  blood glucose level, and blood pressure.
- When provided in the clinic setting, Medication Training and Support may compliment, but not duplicate, activities associated with medication management activities available under the Clinic Option
- When provided in residential treatment settings, Medication Training and Support may include components of medication management services.
- The recipient is the focus of Medication Training and Support.
- Documentation must support how the service benefits the recipient, including when Medication Training and Support is provided in a group setting.
- Medication Training and Support results in demonstrated movement toward, or achievement
  of, the recipient's treatment goals identified by the individualized integrated care plan.
- Medication Training and Support goals are habilitative in nature.

Medication Training and Support service including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for a maximum of 182 hours (728 units) per year.

# Exclusions:

- If Clinic Option medication management, counseling, or psychotherapy is provided and medication management is a component, then Medication Training and Support may not be billed separately for the same visit by the same provider.
- Coaching and instruction regarding recipient self-administration of medications is not reimbursable under Medication Training and Support, but may be billed as Skills Training and Development.

Medically needy (specify limits): N/A

Provider Qualifications (For each type of provider. Copy rows as needed): Certification Other Standard License Provider Type (Specify): (Specify): (Specify): (Specify): DMHA-approved AMHH provider DMHA-certified N/A Agency agencies must meet DMHA and OMPP-Community defined criteria and standards, including Mental Health the following: Center (CMHC) (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA. (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care. (C) Provider agency must maintain documentation in accordance

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Participant-dire	ethod. (Check each that applies):	Provider mana	ged
Agency	DMHA		Initially and at time of DMHA certification renewal
Provider Type (Specify):	Entity Responsible for Ver (Specify):	ification	Frequency of Verification (Specify):
needed):	rider Qualifications (For each pro		
		405 L  (D) Provide AMH as def AMH as def AMH  In addition to provider agent that the agency service must refor this service for this service (A) Medication provided with defined by fer Agencies certifications  • Licer • Authprofer • Licer • Medication graductions	on Training and Support is ain the scope of practice as deral and state law. (B) tify that individual providing eets the following:  s:  nsed physician orized health care essional (AHCP) nsed registered nurse (RN) nsed practical nurse (LPN) ical Assistant (MA) who has nated from a two (2) year cal program

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Service Speci	fications (Specify a service title for the HCBS listed in Attachment 4.19-B that the
State plans to	cover):
Service Title:	Medication Training and Support - Group Setting
Service Defini	tion (Scope): Definition
Group Medica	tion Training and Support involves face-to-face contact with the recipient, in a group
setting, for the	purpose of providing education and training about medications and medication side
effects.	

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Additional needs-	pased criteria for rec	eiving the service, if	applicable (specify):
			this service for (chose each that applies):
Categorically	needy (specify limit	s):Insert Program St	andards
prescribe and bloo When pr not dupli the Clini When pr include o The reci Docume are prov Medication family/coup (728 units); Exclusions: If Clinic medicat billed se	ed medications and medications and medications and medicate, activities associate, activities associate, activities associated in residential components of medicipient is the focus of Intation must support ided in a group setting and Supportion Training and Supportion Training and Supportion Training and Supportion Training and Supportie, with and without per year.  Option medication is a parately for the same grand instruction regard and instruction regard.	nonitoring side effects setting, Medication Triated with medication treatment settings, Medication management settings and the service benefits to be setting the service benefits and the service including all recipient present) management, counsel component, then Me e visit by the same presenting recipient self-serving recipient r	and Support.  Fits the recipient, including when services strated movement toward, or achievement individualized integrated care plan (IICP). ative in nature.  subtypes (individual, group, y be provided for a maximum of 182 hours ing, or psychotherapy is provided and dication Training and Support may not be
☐ Medically n	eedy (specify limits):	·N/A	
	ativati mila mala mala mati and a mala mala mala mala mala mala mala m	ing of mariday Com	
Provider Qualif	ications (For each t	ppe of provider. Cop	y rows as needed):
Provider Quality Provider Type (Specify):	License (Specify):	Certification (Specify):	v rows as needed): Other Standard (Specify):

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			docun with t define 405 [/	ler agency must maintain nentation in accordance he Medicaid requirements ad under 405 IAC 1-5-1 and AC 1-5-3.
			AMH as def	der agency must meet all H provider agency criteria, ined in the SPA and H operating policy.
			provider agen that the agenc	meeting criteria for a cy, the agency must certify y staff providing an AMHH meet the following standards e, as follows:
			provided with defined by fed (B) Agencies providing the qualifications  • Lice • Autiprof • Lice • Lice • Med has year	ensed physician norized health care essional (AHCP) ensed registered nurse (RN) ensed practical nurse (LPN) lical Assistant (MA) who graduated from a two (2) clinical program
Verification of Pr needed):		tions (For each provide		
Provider Type (Specify):	Entity	Responsible for Verific (Specify):	ation	Frequency of Verification (Specify):
Agency	DMHA			Initially and at time of DMHA certification renewal
Service Delivery  Participant-di		each that applies):	rovider mana	ged
Service Specifica State plans to cove	tions (Specify a s	service title for the HCE	S listed in At	tachment 4.19-B that the
Service Title: M	ledication Trainin string)	g and Support – Family	/Couple with	the Recipient Present (Group
Service Definition		on	<u> </u>	

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Family/Couple	Medication T	raining and Sur	poort with the	recipient Prese	nt involves fa	ce-to-face
contact, in a gr	and cotting wi	h the recinient	and family me	mbers or othe	r non-professi	onal
comaçi, in a gr	onb serms wi	n die recibient		ains about mo	diantians and t	nedication side
caregivers, for	the purpose of	providing educ	canon and nai	mig about me	uications and i	neureactor side
effects				tilitaruni-Naturali i		种种 医多性 医流流性

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):

# Categorically needy (specify limits): Insert Program Standards

- Face-to-face contact with family members or non-professional caregivers in support of a
  recipient that includes education and training on the administration of prescribed
  medications and side effects including weight, blood glucose level, and blood pressure,
  and/or conducting medication groups or classes.
- When provided in the clinic setting, Medication Training and Support may compliment, but not duplicate, activities associated with medication management activities available under the Clinic Option.
- When provided in residential treatment settings, Medication Training and Support may include components of medication management services.
- The recipient is the focus of Medication Training and Support.
- Documentation must support how the service benefits the recipient, including when services are provided in a group setting.
- Medication Training and Support results in demonstrated movement toward, or achievement
  of, the recipient's treatment goals identified in the individualized integrated care plan.
- Medication Training and Support goals are habilitative in nature.

Medication Training and Support service including all subtypes (individual, group, family/couple, with and without recipient present) may be provided for a maximum of 182 hours (728 units) per year.

# **Exclusions:**

- If Clinic Option medication management, counseling or psychotherapy is provided and medication management is a component, then Medication Training and Support may not be billed separately for the same visit by the same provider.
- Coaching and instruction regarding recipient self-administration of medications is not reimbursable under Medication Training and Support, but may be billed as Skills Training and Development.
- The following non face-to-face services are excluded:
  - Transcribing physician or AHCP medication orders.
  - e Setting or filling medication boxes.
  - Consulting with the attending physician or AHCP regarding medication-related issues.
  - Ensuring linkage that lab and/or other prescribed clinical orders are sent.
  - Ensuring that the recipient follows through, and receives lab work and other clinical orders.
  - Pollow up reporting of lab and clinical test results to the recipient and physician.
- Medication Training and Support may not be provided to professional caregivers.

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☐ Medically ne	edy (specify limits):	N/A	
Provider Qualifications (For each type of provider. Copy rows as needed):			
• •	License (Specify):	Certification (Specify):	Other Standard (Specify):
Provider Type (Specify): Agency	License	Certification	Other Standard (Specify):  DMHA-approved AMHH provider agencies must meet DMHA and OMPP- defined criteria and standards, including the following:  (A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.  (B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.  (C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.  (D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.  In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHH service must meet the following standard for this service, as follows:  (A) Training and Support is provided within the scope of practice as defined by federal and state law.  (B) Agencies certify that individual providing the service meets the following qualifications:  • Licensed physician • Authorized health care professional (AHCP)
1			professional (AHCP)  Licensed registered nurse (RN)  Licensed practical nurse (LPN)  Medical Assistant (MA) who has graduated from a two (2) year clinical program

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Frequency of Verifica (Specify):	ntity Responsible for Verification (Specify):	Provider Type Entity I Entity I Entity I
Initially and at time of DMHA certification renewal		ency DMHA
DMHA certification	Sheck each that applies):	

Service Spe State plans t	cifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the o cover):
Service Title:	Medication Training and Support - Family/Couple without the Recipient Present (Group Setting)
	inition (Scope): Definition
contact, in a	ple Medication Training and Support without the recipient Present involves face-to-face group setting with family members or other non-professional caregivers, for the purpose education and training about medications and medication side effects.
	needs-based criteria for receiving the service, if applicable (specify):
Specify lim	its (if any) on the amount, duration, or scope of this service for (chose each that applies):
Categor	ically needy (specify limits):Insert Program Standards
reci med and and with the Whinc The Do are	e-to-face contact with family members or non-professional caregivers on behalf of a pient that includes education and training on the administration of prescribed lications and side effects including weight, blood glucose level, and blood pressure, for conducting medication groups or classes.  en provided in the clinic setting, Medication Training and Support may compliment, but duplicate, activities associated with medication management activities available under Clinic Option.  en provided in residential treatment settings, Medication Training and Support may lude components of medication management services.  e recipient is the focus of Medication Training and Support.  cumentation must support how the service benefits the recipient, including when services provided in a group setting and the recipient is not present.  dication Training and Support results in demonstrated movement toward, or achievement the recipient's treatment goals identified in the individualized integrated care plan.  dication Training and Support goals are habilitative in nature.
family/ (728 ui	tion Training and Support service including all subtypes (individual, group, couple, with and without recipient present) may be provided for a maximum of 182 hour: nits) per year.
Exclus  • If (	ions: Clinic Option medication management, counseling or psychotherapy is provided and

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medication management is a component, then Medication Training and Support may not be billed separately for the same visit by the same provider.

 Coaching and instruction regarding recipient self-administration of medications is not reimbursable under Medication Training and Support, but may be billed as Skills Training and Development.

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- The following non face-to-face services are excluded:
  - o Transcribing physician or AHCP medication orders.
  - o Setting or filling medication boxes.
  - Consulting with the attending physician or AHCP regarding medication-related issues.
  - o Ensuring linkage that lab and/or other prescribed clinical orders are sent.
  - Ensuring that the recipient follows through, and receives lab work and other clinical orders.
  - o Follow up reporting of lab and clinical test results to the recipient and physician.
- Medication Training and Support may not be provided to professional caregivers.

Medically needy (specify limits): N/A

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency	N/A	DMHA-certified Community Mental Health Center (CMHC)	DMHA-approved AMHH provider agencies must meet DMHA and OMPP-defined criteria and standards, including the following:
			<ul> <li>(A) Provider agency has acquired a National Accreditation by an entity approved by DMHA.</li> <li>(B) Provider agency is an enrolled Medicaid provider that offers a full-continuum of care.</li> <li>(C) Provider agency must maintain documentation in accordance with the Medicaid requirements defined under 405 IAC 1-5-1 and 405 IAC 1-5-3.</li> <li>(D) Provider agency must meet all AMHH provider agency criteria, as defined in the SPA and AMHH operating policy.</li> </ul>
			In addition to meeting criteria for a provider agency, the agency must certify that the agency staff providing an AMHI service must meet the following standard for this service, as follows:

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ing aggregative partier of the Contract of the

needed):			above. Copy rows as
Vovification of P	rovider Qualifications (For each prov	Medic gradu clinic	sed practical nurse (LPN) cal Assistant (MA) who has ated from a two (2) year al program
		<ul><li>Licens</li><li>Author</li><li>profes</li></ul>	sed physician rized health care sional (AHCP) sed registered nurse (RN)
		provided with defined by fe (B) Agencies	on Training and Support is in the scope of practice as deral and state law. certify that individual service meets the following

Individuals, and Legal Guardians. (By checking this box the State assures that): There are policies pertaining to payment the State makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the State makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (Specify (a) who may be paid to provide State plan HCBS; (b) how the State ensures that the provision of services by such persons is in the best interest of the individual; (c) the State's strategies for ongoing monitoring of services provided by such persons; (d) the controls to ensure that payments are made only for services rendered; and (e) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual):

## Participant-Direction of Services

 $Definition: \ Participant-direction\ means\ self-direction\ of\ services\ per\ \S 1915 (i) (I) (G) (iii).$ 

1. Election of Participant-Direction. (Select one):

M	The State does not offer opportunity for participant-direction of State plan HCBS.
0	Every participant in State plan HCBS (or the participant's representative) is afforded the opportunity to elect to direct services. Alternate service delivery methods are available for participants who decide not to direct their services.

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5(i) St	ate Plan Home and Community Based Services		Page 116
0	Participants in State plan HCBS (or the participant's opportunity to direct some or all of their services, subject (Specify criteria):	representative) ar to criteria specific	e afforded the ed by the State.
directi partic their s	<b>iption of Participant-Direction.</b> (Provide an overview of ion under the State plan HCBS, including: (a) the nature of ipants may take advantage of these opportunities; (c) the entities services and the supports that they provide; and, (d) other relationant-direction):	f the opportunities ies that support ind	: afforded; (b) h lividuals who dir
India	ana does not offer self-directed care.		
Limit not a	ed Implementation of Participant-Direction. (Participant a Medicaid service, and so is not subject to statewideness require	lirection is a mode ements. Select one	of service deliv
Ο	Participant direction is available in all geographic areas available.	Market Control of the	
O	Participant-direction is available only to individuals who re areas or political subdivisions of the State. Individuals who self-directed service delivery options offered by the State, comparable services through the benefit's standard service in all geographic areas in which State plan HCBS are available affected by this option):	no reside in these or may choose in- delivery methods t	areas may elect stead to receive hat are in effect
	N/A		
Parti autho	cipant-Directed Services. (Indicate the State plan HCBS tho writy offered for each. Add lines as required):		
	Participant-Directed Service	Employer Authority	Budget Authority
Finar	ncial Management. (Select one):		AMERICAN .
0	Financial Management is not furnished. Standard Medicaid p		
0	Financial Management is furnished as a Medicaid administrat administration of the Medicaid State plan.	ive activity necess	ary for
indep	Participant-Directed Plan of Care. (By checking this box bendent assessment, a person-centered process produces cipant-directed services that:	the State assures an individualized	that): Based on plan of care
<ul><li>Be up co pr</li><li>Sp pa</li></ul>	e developed through a person-centered process that is directed to the individual's ability (with and without support) to immunity life, respects individual preferences, choices, strengt rofessionals as desired or required by the individual; pecifies the services to be participant-directed, and the role articipation is sought by the individual participant; or employer authority, specifies the methods to be used to select	o engage in acti ths, and involves f of family membe	vities that pron amilies, friends, ers or others wl
<ul> <li>For</li> </ul>	or employer authority, specifies the methods to be used to select	••,	miss providers,

2.

3.

4.

State: Indiana §1915(i) State Plan Home and Community Based Services

- For budget authority, specifies the method for determining and adjusting the budget amount, and a
  procedure to evaluate expenditures; and
- Includes appropriate risk management techniques, including contingency plans that recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assure the appropriateness of this plan based upon the resources and support needs of the individual.
- 6. Voluntary and Involuntary Termination of Participant-Direction. (Describe how the State facilitates an individual's transition from participant-direction, and specify any circumstances when transition is involuntary):

## 7. Opportunities for Participant-Direction

a. Participant-Employer Authority (individual can hire and supervise staff). (Select one):

0	The State does not offer opportunity for participant-employer authority.				
О	Parti	Participants may elect participant-employer Authority (Check each that applies):			
	Participant/Co-Employer. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.				
	Participant/Common Law Employer. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions				

b. Participant-Budget Authority (individual directs a budget). (Select one):

0	The State does not offer opportunity for participants to direct a budget.		
Ö	Participants may elect Participant-Budget Authority.		
	Participant-Directed Budget. (Describe in detail the method(s) that are used to establish the amount of the budget over which the participant has authority, including how the method makes use of reliable cost estimating information, is applied consistently to each participant, and is adjusted to reflect changes in individual assessments and service plans. Information about these method(s) must be made publicly available and included in the plan of care):		
	<b>Expenditure Safeguards.</b> (Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or antities) responsible for implementing these safeguards):		

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ent 3.11 Page 119	plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.	4) Analysis and aggregation are ongoing. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.	1) Analysis and aggregation are ongoing. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.	2) Analysis and aggregation are quarterly. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.
Attachment 3.11		4) DMHA	1) DMHA	2) DMHA
		4) Ongoing	f) Ongoing	2) Every three years or at time of reaccreditation
ses		4) DMHA	1) DIVIHA	2) DWHA
§1915(i) HCBS State plan Services	level with 5% margin of error	4) Record Review — on site/off site with 95% confidence level with 5% margin of error	1) 100% of provider agency applications are reviewed prior to approval	2) 100% of provider agency renewal applications are reviewed prior to renewal
§1915(i) <sup>]</sup>	of choice of eligible level with services margin of	4) Number and percent of recipients with documentation of choice of providers	1) Number and percent of provider agencies that meet qualifications at time of enrollment	2) Number and percent of provider agencies recertified timely.
State: Indiana	J. W. P. S. CHITCH, F		Providers meet required quadifications.	

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completed annually. If a

1) Analysis and

1) DMHA and

OMPP

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aggregation are

corrective action plan is

needed from DMHA it

must be provided within

OMPP will respond in 30 business days for a

total of 60 business

days.

30 business days and

provided by DMHA

on time and in the

operations and

oversight.

responsibility authority and

for program

correct format.

reports specified in the MOU that were

1) Number and

The SMA

retains

percent of data

1) Quarterly	2)Quarterly	1) Monthly	2)Monthly	2 5 2013
1) DMHA and OMPP	2) DMHA and OMPP	OMPP and Medicaid Fiscal Contractor	2) OMPP and Medicaid Fiscal Contractor	SEP
1) 100% review of DMHA data reports	2) 100% review of DMHA log sheet	1) MMIS 100% review	2)MMGS 100% review	Anproval Date:

from DMHA it must be

provided within 30

pusiness days and

action plan is needed

annual. If a corrective

aggregation will be

2)DMHA and

OMPP

percent of corrective

action plans

2) Number and

timely remediated appropriately and

by DMHA.

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2) Analysis and

OMPP will respond in 30 business days for a

total of 60 business

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Corrective Action will

follow the process

completed annually.

aggregation are 2) Analysis and

identified in the contract

follow the process

between OMPP and

MIMIS vendor.

2) OMPP

Corrective Action will

completed annually.

aggregation are

1) Analysis and

1) OMPP

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the review period for

participants by

to 1915(i)

recipients enrolled

in the 1915(i)

providers.

qualified

claims paid during

percent of 1915(i)

2) Number and

are authorized

services that

and furnished

claims paid during

the review period according to the

accountability

financial

published rate.

payment of claims for

through

percent of 1915(i)

1) Number and

The SMA maintains

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identified in the contract between OMPP and MMIS vendor.  3) Analysis and aggregation are completed annually. Corrective Action will follow the process identified in the contract between OMPP and MMIS vendor.	1) Analysis and aggregation are ongoing. Incomplete IICP will be returned by the State for additional information. within 5 business days with requirement that updated plan is resubmitted within 5 business days for a total	of 10 business days.  2) Analysis and aggregation are ongoing. Report submitted to State within 72 hours. State will review plan and respond within 5 business days. If a
3)OIMPP	1)DMHA	2) DMHA
3)Wonthly	1).Ongoing	2) Ongoing
3) OMPP and Medicaid Fiscal Contractor	1) DWHA	2) DMHA
3)/M/MIS 100% review	1) 100% of ICP's well be reviewed to ensure health and welfare needs are addressed	2) 100% review of incident reports submitted.
program on the date the service was delivered.  3) Number and percent of 1915(i) claims paid during the review period for services that are specified in the recipient's approved IICP.	1) Number and percent of IJCP's that address health and welfare needs of the recipient.	2) Number and percent of incidents reported within required timeframe.
		use of restraints.

ent 3.11 Page 122	corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.	3.) Analysis and aggregation are ongoing. Report submitted to State within 72 hours. State will review plan and respond within 5 business days. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30	business days for a total of 60 business days.  4.) Analysis and aggregation are ongoing. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.
Attachment 3.1I Page 12		3.) DMHA	4). DMHA
		3.) Ongoing	4) Origoing
ices		3.) DMFIA	4) DWHA
§1915(i) HCBS State plan Services		3) 100% review of incident reports submitted	4.) DMHA conducts annual compliance reviews, using both on-site and desk reviews, for a 5% confidence interval for residential settings in which 1915(i) recipients reside.
(1)51618		3.) Number and percent of incident reports including medication errors, seclusions and restraints resolved according to policy.	4.) Number and percent of residential settings in compliance with criteria that meets standards for community living
State: Indiana		9/25/13	

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System Improvement:  Describe mocess for existems improvement as a result of acore order discovery and remediation activities.)	Method for Evaluating Effectiveness of System Changes	1. During the bimouthly meeting between DMHA and OMPP, the need for new system changes as well as the effectiveness of previous system changes will be discussed and evaluated. Additional changes will be made as necessary, including changes in provider agency training, bulletins, policy changes and refinements.	2. During the bimonthly meeting between DMHA and OMPP, DMHA will share trends identified with OMPP to determine the best way to address the issues (policy change, training) as well as the effectiveness of previous	Effective Date: 10-01-2013
System Improvement:	Frequency	1) Aunual	2) Annual	P 2 5 2013
process for systems improv	Roles and Responsibilities	1) DWHA	2) DMHA	Approval Date:
Describe	Methods for Analyzing Data and Prioritizing Need		2) DMHA reviews and analyzes individual issues related to performance measures to identify any system level trends.  DMHA and OMPP	TN: <u>12-003</u> Supersedes: <u>New</u>

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changes.

Attachment 3.1I Page 124 ATTACHMENT CONTROL OF THE STATE OF THE CONTROL OF T

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Additional changes will be made as necessary, including changes in provider agency training, bulletins, policy system changes will be discussed and evaluated. changes and refinements. monitor trends to identify the need for system

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## Quality Improvement Strategy

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(Describe the State's quality improvement strategy in the tables below):

Remediation	Frequency of Analysis and Aggregation	1) Analysis and aggregation are ongoing. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.	2) Analysis and aggregation are ongoing. If a corrective action plan is needed it must be provided within 30 business days and the State will respond in 30 business days for a total of 60 business days.	3) Analysis and aggregation are ongoing. If a corrective action
	Remediation Responsibilities (Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)	1) DMHA	2) DMIHA	3) DMHA
	Frequency	1) Ongoing	2).Ongoing	3) Ongoing
ivities	Monitoring Responsibilities (agency or entity that conducts discovery activities)	I) DMHA	2) DMHA	3) DМНА
Discovery Activities	Discovery Activity (Source of Data & sample size)	are reviewed and approved through the waiver database	2) 100% of IICP's are be reviewed and approved through. the waiver database	3) Record Review – on site/off site with 95% confidence
	Discovery Evidence (Performance Measures)	Number and     percent of IICP's     that address     recipient's needs	2) Number and percent of IICP's reviewed and revised as warranted on or before annual review date	3) Number and percent of recipients with documentation
	Requirement	Service plans address assessed needs of 1915(i) participants, are applated annually, and document choice of services and providers.		

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