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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 19-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

October 9, 2019

Allison Taylor, Medicaid Director
Family and Social Services Administration
402 West Washington, Room W374
Indianapolis, IN 46204

ATTN: Amy Owens

RE: Transmittal Number (TN) 19-0007

Dear Ms. Taylor:

Enclosed for your records is an approved copy of the following State Plan Amendment.

TN 19-007: This State Plan Amendment makes changes to the Child Mental Health Wraparound (CMHW) 1915(i) Home and Community-Based Services State Plan benefit. This amendment to the CMHW benefit removes the requirement of wraparound facilitation agencies to have a letter of endorsement from the local system of care and removes the qualification requirement for evaluators and wraparound facilitators to be Other Behavioral Health Professionals.

- Effective Date: November 1, 2019
- Approval Date: October 9, 2019

If you have any questions, please have a member of your staff contact Jennifer Maslowski at (312) 886-2567 or by email at jennifer.maslowski@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosures

cc: Amy Owens, FSSA
Gabrielle Koenig, FSSA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
19-007

2. STATE
Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
November 1, 2019

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
Section 1915(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 2019 \$ 0
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-i: Pages 6, 10, 14, 15, 24, 26, 27, 30, 33, 34, 35, 40D, 40H, 40I, 40K, 40A

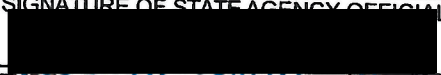
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
3.1-i: Pages 6, 10, 14, 15, 24, 26, 27, 30, 33, 34, 35, 40D, 40H, 40I, 40K, 40A

10. SUBJECT OF AMENDMENT:
This State Plan amendment makes changes to CMHW to remove the requirement of wraparound facilitation agencies to have a letter of endorsement from the local system of care in order to increase provider capacity in underserved areas of the State. Additionally, this amendment will remove the qualification requirement for evaluators and wraparound facilitators to be Other Behavior Health Professionals (OBHP), which will allow wrap around facilitators to receive only high fidelity wraparound (HFW) process-based supervision rather than both HFW and clinical supervision.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan.

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED: 8/14/19

16. RETURN TO:
Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W382
Indianapolis, IN 46204
ATTN: Amy Owens, Federal Relations Lead

17. DATE RECEIVED: August 14, 2019

18. DATE APPROVED: October 9, 2019

FOR REGIONAL OFFICE USE ONLY
PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME
Ruth A. Hughes

22. TITLE
Deputy Director

23. REMARKS

To prevent conflict of interest, family choice of participation in the State's high-fidelity Wraparound CMHW services is a minimum expectation to meet the standard for quality care. Members are presented with all available treatment options at the point of assessment and plan of care development, including CMHW services; and must consent to participation in the CMHW services and choose the providers who will provide those services.

Additionally, the member and their family develops and leads the Child and Family Team with assistance from the Wraparound Facilitator. The individuals on the team consist of service providers, community supports and any appropriate natural supports. The wraparound team is committed to building an effective array of supports and interventions to ensure that the family vision is achieved. At the time of the initial evaluation, assessment and POC development, the CMHW evaluator provides the individual with written documentation from DMHA and OMPP that explains the individual's right to exercise *freedom of choice* regarding the CMHW services selected on the plan of care, who will provide each of the CMHW services specified on the DMHA-approved plan of care, and in what setting. The participant selects CMHW service provider(s) from a pick list of DMHA- authorized CMHW service providers. Additionally, the Wraparound Facilitator is responsible to inform the member of their right to change their CMHW provider, including the Wraparound Facilitator, at any time during the CMHW benefit period.

To further prevent conflict of interest between evaluators, service providers, the member, and family, the following State processes are in place:

- 1) The Wraparound Facilitator is DMHA-authorized to provide only Wraparound Facilitation and is not authorized to provide any other CMHW service to the member for whom they are the Wraparound Facilitator.
- 2) DMHA, the independent state entity making the final eligibility determination and providing authorization for the plan of care, is not related by blood or marriage to the individual/participant; to any of the individual's paid caregivers; or to anyone financially responsible for the individual or empowered to make financial or health related decisions on the Individual/Participant's behalf. Additionally, DMHA is not a provider of CMHW services.
- 3) The quality improvement specialists provide oversight for CMHW providers and engage in quality management activities to promote adherence to Wraparound service delivery practices, including family choice and direction in the development of the plan of care, selection of service providers and preference for service delivery. Quality improvement specialists are responsible to provide training, education, site visits, record reviews and consultation to ensure provider compliance with CMHW requirements and standards.
- 4) Participants and families are educated regarding their rights and how to submit complaints or appeals regarding all aspects of CMHW service delivery, providers, inclusion in treatment planning, DMHA eligibility determinations or Plan of Care authorization.
- 5) The assessments, person-centered service plan and direct CMHW services are all based on a county level geographic region. All access sites and approved providers are required to designate the geographical area of service by county as a part of the enrollment process. The providers may request to add or decrement counties as needs change.

- 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:

The eligibility review process is the same for initial and annual reviews, with the exception that the initial is conducted by the access site, and the annual is conducted by the assigned Wraparound Facilitator.

All referrals for CMHW services must be received through one of the DMHA-authorized access sites within the State. An interested individual will receive education about Wraparound practice, available CMHW services, and the face-to-face evaluation at the access site. This face-to-face evaluation includes administration of the Child and Adolescent Needs and Strengths (CANS) assessment and completion of the CMHW application form developed by OMPP and DMHA. The individual will determine whether to pursue application and assessment for 1915(i) services.

The assessment and supporting documentation identifies specific information about the individual's current strengths, needs, health status, living situation, family functioning, exposure to trauma, vocational 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 access site also verifies the individual resides in a HCBS compliant setting, as defined by the federal regulations.

The access site must submit the complete application packet to DMHA within ten (10) business days of receiving the parent/guardian's signature. DMHA notifies the access site regarding the eligibility determination on the eligibility determination form within five (5) working days of receiving the application packet. The eligibility determination form serves as the written notice documenting a DMHA determination regarding an individual's eligibility for participation in CMHW services. Information included on the Eligibility Determination form includes:

- 1) Approval or Denial of Individual's level of need/eligibility to participate in the CMHW services program;
- 2) The effective dates and reasons for the action(s) taken; and
- 3) The individual's appeal and fair hearing rights and procedural information.

The access site communicates DMHA's determination information on the eligibility determination form to the individual. Referrals to alternate services are made if the individual is not eligible for CMHW services.

At least annually, the Wraparound Facilitator conducts a review to ensure the participant continues to meet eligibility criteria. The Wraparound Facilitator will complete the face-to-face reevaluation with the participant, including the administration of the CANS assessment tool, to ensure all eligibility criteria for CMHW Wraparound participation are met. The High Fidelity Wraparound process requires active investment by a wraparound team to meet the participant's needs. The Child and Family Team provides input regarding the participant's progress in moving towards achieving the vision.

The Wraparound Facilitator submits the results of the reevaluation to DMHA, which determines the participant's continued eligibility for the CMHW services. DMHA forwards the eligibility determination form to the Wraparound Facilitator, who communicates DMHA's eligibility determination to the participant, family and to the Child and Family Team.

<p>ii. Psychosis; iii. Debilitating anxiety; iv. Conduct problems; v. Sexual aggression; and/or vi. Fire-setting.</p> <p>b) Demonstrates significant* needs in at least one of the following Family/caregiver area(s), as indicated on the CANS assessment tool:</p> <ul style="list-style-type: none"> i. Mental Health; ii. Supervision issues; iii. Family Stress; and/or iv. Substance abuse. <p>*“Significant” is determined by an assessed need for <i>immediate or intensive action due to a serious or disabling need in a variety of life domains</i> on the CANS assessment tool used by the State to assess an Individual’s Level of Need (LON).</p> <p>Exclusionary Criteria: The following exclusionary criteria are used to identify those youth the CMHW services program is not designed to serve:</p> <ul style="list-style-type: none"> 1) An individual who is at imminent risk of harm to self or others. 2) An individual who is identified as not able to feasibly receive intensive community-based services without compromising his/her safety, or the safety of others, will be referred to a facility capable of providing the level of intervention or care needed to keep the youth safe. 3) An individual residing in an institutional or otherwise HCBS non-compliant setting. 	<p>daily basis, essentially 7 days a week.</p> <p>405 IAC 1-3-2 (a) Intermediate nursing care includes care for patients with long-term illnesses or disabilities which are relatively stable, or care for patients nearing recovery and discharge who continue to require some professional medical or nursing supervision and attention. A person in functionally eligible for either NF level of care waiver if the need for medical or nursing supervision and attention is determined by any of the following findings from the functional screening:</p> <p>1) Need for direct assistance at least 5 days per week due</p>	<p>epilepsy, autism, or condition similar to intellectual disability.</p> <ul style="list-style-type: none"> 2) Condition identified in #1 is expected to continue. 3) Condition identified in #1 had an age of onset prior to age 22. 4) Individual needs a combination or sequence of services, 5) Has 3 of 6 substantial functional limitations as defined in 42 CFR 435.1010 in areas of: Self-care; learning; self-direction; capacity for independent living; language; and mobility. 	<ul style="list-style-type: none"> 5) Symptom complexes showing a need for extended treatment in a residential setting due to a threat to self or others; 6) Impaired safety issues; and 7) Need for long-term treatment modalities. *The minimum eligibility rating for a child to qualify for institutional placement in a PRTF or state-operated facility (SOF) level of care is five (5) or higher, as determined by a behavioral recommendation from administration of the Child and Adolescent Needs and Strengths (CANS) Assessment Tool. While the algorithm that determines the CANS score is proprietary, the State has determined that a score of four (4) or higher meets the level of need criteria established for
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	<p>to unstable, complex medical conditions.</p> <p>2) Need for direct assistance for 3 or more substantial medical conditions including activities of daily living.</p>		<p>CMHW</p>
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*Long Term Care/Chronic Care Hospital

**LOC= level of care

7. **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. 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) and 42 CFR 441.710(e)(2). (*Specify target group(s)*):

The State elects to target this 1915(i) State Plan HCBS benefit to the population defined below. With this election, the State will operate this program for a period of five years. At least 90 days prior to the end of this five year period, the State may request that CMS renew this benefit for an additional five year term in accordance with 1915(i)(7)(C).

Target Groups:
 Indiana’s CMHW services program is designed to serve youth meeting the following targeted eligibility criteria:

- 1) The individual is age six through the age of 17 at the time of eligibility review;
- 2) The individual meets the criteria for two (2) or more DSM V diagnoses; and
- 3) The individual does not meet exclusionary criteria for CMHW services.

A participant who meets CMHW eligibility and began receiving CMHW 1915(i) services at or before the age of seventeen (17) shall remain eligible for up to one year of services beyond that participant’s eighteenth birthday during the participant’s benefit period as long as the remaining eligibility and needs-based criteria continue to be met.

Diagnostic Criteria:
 The following diagnostic criteria are used to identify those youth the CMHW services program is designed to serve. A youth with any of the diagnoses below as primary is eligible for CMHW services:

- Paranoid schizophrenia
- Disorganized schizophrenia
- Catatonic schizophrenia
- Undifferentiated schizophrenia
- Residual schizophrenia

take place. The plan of care is then reviewed and approved by DMHA quality assurance staff for compliance. DMHA quality assurance staff review 100% of service plans submitted before approval. There is currently an established process for the Wraparound Facilitator to notify DMHA if the participant will be out the identified setting for more than 24 hours. This includes but is not limited to camp, overnight with relatives or placement in an acute setting. This allows for DMHA to monitor changes in the living arrangement.

Upon enrollment in the program, youth and families are also given information regarding contacting DMHA for assistance with any concerns they may have. Anyone, provider, family member, or other, may submit a complaint to DMHA about any concern they may have including services provided in non-compliant or questionable settings. Access to the web-based complaint portal is provided on several DMHA webpages.

All issues involving HCBS settings compliance will be processed as complaints and accordingly will be tracked, monitored, and reported as a subsection of overall quality improvement activities. Review of settings issues will also be specifically included in overall trend analysis to determine any patterns requiring remediation.

5. Responsibility for Development of Person-Centered Service Plan. There are qualifications (that are reasonably related to developing service plans) for persons responsible for the development of the individualized, person-centered service plan. *(Specify qualifications):*

The CMHW service provider developing the plan of care must meet the following criteria:

2. The provider must be employed by a DMHA-authorized accredited agency to be a provider of the service of Wraparound Facilitation.
3. The provider must have a bachelor's degree or a master's degree with two (2) or more years of one or a combination of the following experience:
 - a. Clinical
 - b. Case management
 - c. Skills building
 - d. Child welfare
 - e. Juvenile justice
 - f. Education in a K-12 school setting
4. The provider must complete the following office-required service provider training and certifications:
 - a. CMHW services orientation
 - b. Child and adolescent needs and strengths assessment tool SuperUser certification
 - c. Wraparound practitioner training
 - d. Cardiopulmonary resuscitation (CPR) certification

1. Supporting the Participant in Development of Person-Centered Service Plan. 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 person-centered service plan development process. *(Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):*

All CMHW services adhere to the Wraparound model of service delivery. Engagement and involvement of the family in the Plan of Care development is fundamental to the definition of Wraparound Facilitation; and to the Child and Family Wraparound Team paradigm. Wraparound Facilitation by definition is a variety of specific tasks and activities designed to engage the family in the planning process that follows a series of steps and is provided through a Child and Family Wraparound Team (a treatment/support team developed by the CMHW-enrolled participant and family to assist them in developing and implementing the individualized plan of care).

During initial assessment at the access site, the family is offered a list of available Wraparound Facilitators and the agencies for the county in which the family lives. The family may choose any Wraparound Facilitation agency from this randomly generated list. The access site submits the family's choice of Wraparound Facilitator (via picklist) along with eligibility documents to the State for review and approval. If eligibility is approved, the State creates an initial plan of care authorizing two-to-three months of Wraparound Facilitation services. This is assigned to the chosen Wraparound Facilitator who begins the person-centered planning process to develop the comprehensive plan of care.

The Wraparound Facilitator will guide the family through the ongoing Wraparound process and development of the CMHW service plan. The Wraparound Facilitator is responsible for coordination of care and ensuring Participant's care/service delivery adheres to the High

Fidelity Wraparound model.

The Wraparound Facilitator prepares the participant and family for the Child and Family Team meeting by discussing the individual's and family's rights; the High Fidelity Wraparound and team process; and assists the Participant/family to identify potential members of their Child and Family team (including friends and other advocates that are not providing services). The participant and family determine the members of the Child and Family Team.

All Plan of Care development takes place within the framework of the Child and Family Team meeting process. This process requires that the Child and Family Team meetings are only convened when the Participant/family is available, with their active participation at a location convenient to them.

The chosen providers and families sign the approved Person Centered Plan. DMHA includes each person-centered-plan as part of the plan of care, which is then incorporated into the Care Plan that providers are required to sign.

The 10 Principles of Wraparound, intended to support the family in the treatment process, include:

- Family Voice and Choice: Wraparound Team specifically elicits and prioritizes the family and youth perspectives during all phases of the Wraparound Process. The Team strives to provide options and choices such that the Plan reflects family values and preferences.
- Team Based: The Team consists of individuals agreed upon by the family and committed to them through informal, formal and community support and service relationships.
- Natural Supports: The Team encourages the full participation of team members chosen from the family's networks of interpersonal and community relationships.
- Collaboration: Team members cooperate and share responsibility for developing, implementing, monitoring and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates and resources. The Plan guides and coordinates each team member's work towards meeting the Team's goals
- Community-Based: The Team implements services and supports that take place in the most inclusive, responsive, accessible and least restrictive settings possible that safely promote youth and family integration into home and community life.
- Culturally Competent: The Wraparound Process respects and builds on the values, preferences, beliefs, culture, and identity of the youth and family and their community. Non-family Team members refrain from imposing personal values on the Plan.
- Individualized: The Team develops and implements customized strategies, supports and services to achieve the goals laid out in the Plan.
- Strengths Based: Both the Wraparound Process and Plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the youth and family, their community and the other team members.
- Persistence: Regardless of challenges that may occur, the Team persists in working toward the goals included in the Plan until the Team agrees that a formal Wraparound Process is no longer required.
- Outcome Based: The goals and strategies of the Plan are tied directly to observable

choice.

- 8) Ensuring that participants are informed of their right to choice from among enrolled, office-authorized providers, and to change providers at any time in the process.
- 9) Develops, implements and monitors the crisis plan; and intervenes during a crisis situation, if needed.
- 10) Assures that all work to be done to assist the participant in obtaining goals on the POC is identified and assigned to a Child and Family Team member.
- 11) Oversees implementation of the POC
- 12) Reassess, amends, and secures on-going approval of the POC.
- 13) Monitors all services authorized for a participant's POC.
- 14) Assures care is delivered in a manner consistent with strength-based, family driven, and culturally competent values.
- 15) Offers consultation and education to all CMHW service providers regarding the values and principles of the wraparound model.
- 16) Monitors participant progress toward treatment goals.
- 17) Ensures that necessary data for evaluation is gathered and recorded.
- 18) Ensures that all CMHW assessment and service-related documentation is gathered and reported to DMHA, as mandated.
- 19) Completes the annual CMHW services level of need re-evaluation, with active involvement of the Participant and the Child and Family Wraparound Team.
- 18) Communicates and coordinates with local Division of Family Resources (DFR) regarding continued Medicaid eligibility status.
- 19) Guides the transition of the Participant and family from CMHW services to State plan, or other community-based services, when indicated.

The Wraparound model involves 4 stages (Miles, Bruner, Osher & Walker, 2006). The Wraparound Facilitator is responsible to guide the participant, family and the Wraparound team through the 4 Stages of Wraparound:

- 1) ***Engagement:*** The family meets the Wraparound Facilitator. Together they explore the family's strengths, needs, and culture. They talk about what has worked in the past and what they expect from the Wraparound process. The WF engages other team members, identified by the Participant and family, and prepares for the first Child and Family Team meeting.
- 2) ***Planning:*** The WF informs the Child and Family Wraparound team members about the family's strengths, needs, and vision for the future. The Wraparound team does not meet unless the family is present. The team decides what to work on, how the work will be accomplished, and who is responsible for each task. POC development is facilitated by the WF, who is responsible to write the POC and obtain approval for the POC from DMHA. The WF also facilitates development of a crisis plan to manage crises that may occur.
- 3) ***Implementation:*** Child and Family and Team members meet monthly, or as needed. Meetings are facilitated by the WF, who ensures that the family guides the Child and Family Team meeting process. The team reviews accomplishments and progress toward goals and makes adjustments, as needed. Family and team members work together to implement the POC.
- 4) ***Transition:*** As the Participant nears reaching their POC goals, preparations are made for the youth to transition out of CMHW services to State plan services appropriate to meet the Participant's level of need for continued outpatient and/or home-based services, as needed. The family and team together decide how the Participant/family will continue to get support, when needed once the Participant has transitioned from CMHW services.

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

		CMHW agency and at least every three years thereafter.
Service Delivery Method. <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

1b. State plan HCBS.

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):</i>	
Service Title:	Habilitation
Service Definition (Scope):	
<p>Habilitation services are provided with the goal of enhancing the participant’s level of functioning, quality of life and use of social skills; as well as building the participant’s strengths, resilience and positive outcomes. This is accomplished through development of the following skills:</p> <ol style="list-style-type: none"> 1) Identification of feelings 2) Managing anger and emotions 3) Giving and receiving feedback, criticism, or praise 4) Problem-solving and decision making 5) Learning to resist negative peer pressure and develop pro-social peer interactions 6) Improve communication skills 7) Build and promote positive coping skills 8) Learn how to have positive interactions with peers and adults <p>Habilitation services are provided face-to-face and one-to-one in the participant’s home or in an community-based setting. The setting is determined by the preferences of the participant, but must be compliant with federal HCBS settings regulations.</p> <p>Service exclusions include:</p> <ol style="list-style-type: none"> 1) Services provided to anyone other than the participant, when the activity occurs in a group setting. 2) Service provided to participant’s family members 3) Service provided in order to give the family/caregiver respite 4) Service provided that is strictly vocational/educational in nature, such as tutoring or any other activity available to the participant through the local educational agency under the Individuals with Disabilities Education Improvement Act of 2004; or covered under the Rehabilitation Act of 1973 5) Activities provided in the service provider’s residence 6) Leisure activities that provide a diversion, rather than a therapeutic objective 7) Duplicative services covered under the Medicaid State Plan 	
Additional needs-based criteria for receiving the service, if applicable <i>(specify):</i>	
None	
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.	

<i>(Choose each that applies):</i>			
<input checked="" type="checkbox"/>	Categorically needy (specify limits):		
	Habilitation services will be limited to up to three (3) hours daily and up to thirty (30) hours of services per participant/per month.		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Accredited Agency	None	AAAHC, COA, URAC, CARF, ACAC, JCAHO, or NCQA Accreditation	DMHA authorized accredited agencies must receive authorization from DMHA for an individual to provide this service based on the qualifications of the individual. Agencies must maintain documentation that the individual providing the service meets the following requirements and standards: 1) Individual is at least 21 years of age and possesses a High school diploma, or equivalent. 2) Demonstrate a minimum of two (2) years of qualifying experience, as defined by DMHA, working with or caring for youth with serious emotional disturbances (SED) 3) Individual has completed and submitted proof of the following screens: a) Finger-print based national and state criminal history background screen b) Local law enforcement screen c) State and local Department of Child Services abuse registry screen d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a)(1) 4) Documentation of the

			<p>following:</p> <ul style="list-style-type: none"> a) Current Driver’s License b) Proof of current vehicle registration c) Proof of motor vehicle insurance coverage <p>5) For every thirty (30) hours of habilitation services provided, the provider must obtain one (1) hour of face-to-face supervision with an approved mental health service provider that meets one (1) of the following licensure requirements:</p> <ul style="list-style-type: none"> a) Licensure in psychology (HSPP) as defined in IC 25-33-1. b) Licensed marriage and family therapist (LMFT) under IC 25-23.6-8. c) Licensed clinical social worker (LCSW) under IC 25-23.6-5. d) Licensed mental health counselor (LMHC) under IC 25-23.6-8.5. e) Advanced practice nurse (APN) under IC 12-15-5-14(d) <p>6) Complete the DMHA required service provider training:</p> <ul style="list-style-type: none"> a) CMHW services orientation b) CPR certification
<p>Non-Accredited Agency</p>	<p>None</p>	<p>None</p>	<p>DMHA- authorized non-accredited agencies must receive approval from DMHA for an individual to provide this service, based on the qualifications of the individual.</p> <p>Agencies must maintain documentation that the individual providing the service meets the following requirements and standards:</p> <ul style="list-style-type: none"> 1) Individual is at least 21 years of age and possesses a High school diploma, or equivalent. 2) Demonstrate a minimum of two (2) years of qualifying experience,

Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
None			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):			
<input checked="" type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
	Respite provided at Daily Rate (7 to 24 hours in the same day) and Crisis Respite (8 to 24 hours in the same day) cannot exceed 14 consecutive days.		
<input type="checkbox"/>	Medically needy (<i>specify limits</i>):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Accredited Agency	For facility-based Respite only: 1) Emergency shelters licensed under 465 IAC 2-10; 2) Foster Homes licensed under IC 31- 27-4 including Special Needs and Therapeutic Foster Homes only when the Licensed Child Placing Agency (LCPA) is the 1915(i) approved agency provider. DMHA will have the authority to request a copy of the home	DMHA-approved accreditation as a mental health service provider or AAAHC, COA, URAC, CARF, ACAC, JCAHO, or NCQA Accreditation	Agency must maintain documentation that individual providing the service meets the following requirements and standards: 1) Individual is at least 21 years of age and has a High school diploma, or equivalent. 2) Individual has one (1) year of qualifying experience working with or caring for SED children/youth, as defined by DMHA. 3) Completed with qualifying results the following screens: a) Finger-print based national and state criminal history background screen b) Local law enforcement screen c) State and local Department of Child Services abuse registry screen d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a) (1) 4) Documentation of the following: a. Current Driver’s License b. Proof of current vehicle registration c. Proof of motor vehicle insurance coverage

	<p>under IC-31-27-3;</p> <p>4) Child Care Centers licensed under IC 12-17.2-4;</p> <p>5) Child Care Homes licensed under IC 12-17.2-5-1;</p> <p>6) School Age Child Care Project licensed under IC 12-17-12;</p> <p>or</p> <p>Psychiatric Residential Treatment Facility (PRTF) licensed under 465 IAC 2-11-1 as a private secure residential facility for Medicaid certification under 405 IAC 5-20-3.1.</p>		
<p>Individual</p>	<p>None</p>	<p>None</p>	<p>The DMHA- authorized CMHW individual providing the service meets the following requirements and standards:</p> <ol style="list-style-type: none"> 1) Individual is at least 21 years of age and possesses a High school diploma, or equivalent. 2) Demonstrate a minimum of one (1) year of qualifying experience, as defined by DMHA, working with or caring for youth with serious emotional disturbances (SED) 3) Individual has completed and submitted proof of the following screens: <ol style="list-style-type: none"> a) Finger-print based national and state criminal history background screen b) Local law enforcement screen

<input type="checkbox"/> Medically needy (specify limits):			
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Accredited Agency	None	AAAHC, COA, URAC, CARF, ACAC, JCAHO, or NCQA Accreditation	<p>DMHA-approved accreditation as a mental health service provider or DMHA authorized Accredited agencies must receive authorization from DMHA for an individual to provide this service based on the qualifications of the individual.</p> <p>Agencies must maintain documentation that the individual providing the service meets the following requirements and standards:</p> <ol style="list-style-type: none"> 1) Individual is at least 21 years of age and possesses a High school diploma, or equivalent. 2) Demonstrate a minimum of two (2) years of qualifying experience, as defined by DMHA, working with or caring for youth with serious emotional disturbances (SED), or certification as a Parent Support Provider 3) Individual has completed with qualifying results the following screens: <ol style="list-style-type: none"> a) Finger-print based national and state criminal history background screen b) Local law enforcement screen c) State and local Department of Child Services abuse registry screen d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a)(1) 4) For every thirty (30) hours of Training and Support for the

			<p>Unpaid Caregiver services provided, the provider must obtain one (1) hour of face-to-face supervision with an approved mental health service provider that meets one (1) of the following licensure requirements:</p> <ul style="list-style-type: none"> a) Licensure in psychology (HSPP) as defined in IC 25-33-1. b) Licensed marriage and family therapist (LMFT) under IC 25-23.6-8. c) Licensed clinical social worker (LCSW) under IC 25-23.6-5. d) Licensed mental health counselor (LMHC) under IC 25-23.6-8.5. e) Advanced practice nurse (APN) under IC 12-15-5-14(d) <p>5) Complete the DMHA required service provider training:</p> <ul style="list-style-type: none"> a) CMHW services orientation b) CPR certification
<p>Non-Accredited Agency</p>	<p>None</p>	<p>None</p>	<p>Agencies must maintain documentation that the individual providing the service meets the following requirements and standards:</p> <ul style="list-style-type: none"> 1) Individual is at least 21 years of age and possesses a High school diploma, or equivalent. 2) Demonstrate a minimum of two (2) years of qualifying experience, as defined by DMHA, working with or caring for youth with serious emotional disturbances (SED), or certification as a Parent Support Provider. 3) Individual has completed with qualifying results the following screens: <ul style="list-style-type: none"> a) Finger-print based national and state criminal history background screen b) Local law enforcement screen

Individual	None	None	<p>The DMHA- authorized CMHW individual provider must meet the following standards:</p> <ol style="list-style-type: none"> 1) Individual is at least 21 years of age and possesses a High school diploma, or equivalent. 2) Demonstrate a minimum of two (2) years of qualifying experience, as defined by DMHA, working with or caring for youth with serious emotional disturbances (SED), or certification as a Parent Support Provider. 3) Individual has completed with qualifying results the following screens: <ol style="list-style-type: none"> a) Finger-print based national and state criminal history background screen b) Local law enforcement screen c) State and local Department of Child Services abuse registry screen d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a)(1) 4) For every thirty (30) hours of Training and Support for the Unpaid Caregiver services provided, the provider must obtain one (1) hour of face-to-face supervision with an approved mental health service provider that meets one (1) of the following licensure requirements: <ol style="list-style-type: none"> a) Licensure in psychology (HSPP) as defined in IC 25-33-1. b) Licensed marriage and family therapist (LMFT) under IC 25-23.6-8. c) Licensed clinical social
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