

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Indiana

B. Waiver Title: Community Integration and Habilitation (CIH)

C. Control Number:

IN.0378.R03.06

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

1. On March 6, 2020, Indiana Governor Eric Holcomb declared a public health emergency in all 92 Indiana counties. This statewide declaration from the Governor complements President Donald Trump's declaration of a national emergency on March, 13, 2020. In response to the emergence and spread of Coronavirus disease (COVID-19) and the serious health risk it poses to Indiana's intellectual and developmental disabilities population living in the community, Indiana Division of Disability and Rehabilitative Services (DDRS) anticipates providers will encounter difficulty delivering CIH waiver services according to current waiver requirements. DDRS seeks temporary amendments to its waiver authority to ensure the health and safety of both individuals receiving and providers delivering CIH waiver services.

2. This waiver amendment is applicable to participants in all 92 Indiana counties as part of the statewide public health emergency. Indiana's CIH waiver serves approximately 20,000 participants throughout the 92 counties. DDRS will rely on case managers and waiver providers as front-line contacts for addressing concerns of waiver participants (and family members). Additionally, case managers and waiver providers will assist waiver participants in developing a plan to continue services to the extent feasible during this public health emergency. DDRS will continue to communicate regularly with case managers and waiver providers with updates on the waiver. DDRS will continue to direct participant and provider general questions about COVID-19 to the ISDH Epidemiology Resource Center.

3. These roles are defined in Appendix A in section A-1 and 2.

4. For all CIH waiver participants and providers statewide, the Indiana DDRS' Bureau of Developmental Disabilities Services (BDDS) will enact the following temporary changes to service delivery methods:

- Allow initial and annual level of care assessments to be completed by telephone.
- Annual level of care assessments timeline extended.
- Allow person-centered service planning activities to be completed by phone with electronic signature or email consent.
- Allow services in alternative sites.
- Allow flexibility in day service ratios.
- Allow RHS reimbursement for time when staff/paid caregiver is asleep
- Waive the 40 hour per week paid caregiver limitation on family members when existing services on the participant's Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.
- Allow flexibility on potential staff's limited criminal history checks.
- Allow potential staff to be hired by and work for an existing Medicaid/BDDS approved waiver provider to provide direct supports to participants prior to being trained.
- Allow potential staff to be hired by and work for an existing Medicaid/BDDS approved waiver provider to provide direct supports to participants prior to having a TB test.
- Allow staff to work 90 days beyond CPR/First Aid certification expiration date.
- Allow any BDDS approved HCBS provider to become an approved BDDS Respite Care provider a Rent and food for unrelated live-in caregiver supports provider.
- All non-ANE incidents to be reported within 48 hours.
- Allow telehealth as a service delivery option when warranted as authorized by BDDS.

The state is requesting immediate implementation to avoid any adverse effect on participants' health and safety and providers' capacity to deliver services. Should a provider be unable to deliver services during this emergency, another enrolled BDDS approved HCBS Family Supports Waiver (CIH) service provider or providers will be authorized immediately and the participant's service plan

will be updated. Providers will be asked to submit monthly reports to case managers and BDDS of agency or facility temporary closure as well as ongoing efforts to re-start services for participants. Based on the provider reports and Indiana State Department of Health, Indiana BDDS will report on the state of the state monthly, as well. Indiana will report on the status of utilization of services outlined in Appendix K in a format acceptable to CMS.

F. Proposed Effective Date: Start Date: 3/1/2020 Anticipated End Date: 8/31/2020

G. Description of Transition Plan.

Indiana DDRS proposes in this Appendix K to temporarily waive certain service limitations and temporarily expand the possible service settings and provider qualifications. These temporary changes do not relax CIH waiver eligibility criteria and are not expected to result in an increase in waiver participation enrollment.

Indiana DDRS does not anticipate the temporary changes captured in this Appendix K to have any adverse on waiver participants either during the effective period of Appendix K or in the transition period back to the current approved CIH waiver. At the expiration of Appendix K, service limitations, service settings and provider qualifications will revert back to the levels found in the currently approved CIH waiver.

H. Geographic Areas Affected:

92 of 92 counties.

https://www.in.gov/fssa/files/Indiana_county_numbers_names.pdf

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:

Indiana's State Emergency Operations Plan can be found at:

<https://www.in.gov/isdh/28470.htm>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

The 40-hour-per-week paid caregiver limitation will be temporarily modified to exceed service limitations for

- Residential Habilitation and Support (RHS) available on the CIH

Under this temporarily modified service allowance, paid caregivers may exceed the 40 hour per week paid caregiver limit. Exceeding the 40-hour rule could be accomplished by more than one paid caregiver to provide over 40 hours of services, therefore in some cases multiple paid caregivers combined could provide more than 40 hours, and in some cases one sole caregiver could be providing these hours. When applicable, paid caregiver hours would be subject to overtime rules.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

The agency will temporarily expand settings where residential and habilitation and support (RHS) or structured family caregiving (SFC) may be provided. If a participant's SFC setting is compromised due to COVID-19 related reasons, RHS and SFC services may be temporarily provided at a day program setting or an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The day program waiver setting or ICF/IID must be accessible to participants and ensure participant health and safety to the fullest extent possible. The temporary service setting may not exceed thirty (30) days for each participant for these services.

Due to the need to limit social interaction in response to COVID-19, the agency will temporarily expand settings where Community-Based Habilitation (CHIO/CHG) may be provided. CHIO/CHG services may be temporarily provided at a facility-based waiver day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The alternate service delivery in an ICF setting may not exceed thirty (30) days for each participant.

Due to the need to limit social interaction in response to COVID-19, the agency will temporarily expand settings where Facility Habilitation, Prevocational Services and Adult Day Services may be provided. Facility Habilitation, Prevocational Services and Adult Day Services may be temporarily provided at a facility-based waiver day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The alternate waiver service delivery in an (ICF) setting may not exceed thirty (30) days for each participant.

The agency will temporarily expand settings where Structured Family Caregiving (SFC) may be provided. If the support for a participant's Residential Habilitation and Support (RHS) setting is compromised due to COVID-19 related reasons and a direct support staff is residing in the home to ensure continuity of care, BDDS will temporarily allow the RHS setting to be converted to a SFC setting and be provided in the participant's home. This is not a requirement in cases where a direct support staff is temporarily residing in an individual's home, but rather an option for the team to consider.

In unique and rare situations, the home of a direct service professional familiar to the individual may be used as a temporary/alternate residential setting for a participant when the participant's primary caregiver has been diagnosed with COVID-19 or has been quarantined due to COVID-19. To utilize this option, the service must be designated as a Structured Family Caregiving setting. The participant's support team must approve of the temporary/alternate residential setting. The case manager will submit an emergency transition with the support team's approval within seven (7) days of relocating the individual to the alternate residential setting. The alternate service delivery setting may not exceed sixty (60) days for each participant.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.

Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

When existing services on the participant's Person-Centered Individualized Support Plan (PC/ISP) are interrupted due to circumstances related to COVID-19,

- Parent(s), stepparent(s), and legal guardian(s) will temporarily be allowed to provide services (as direct support staff via an existing BDDS approved provider) to adults and minors who are currently using or have a documented intent to use only the following services:
 - Community based habilitation (CHIO) available on the CIH
 - Residential Habilitation and Support (RHS) available on the CIH
- An adult spouse will temporarily be allowed to provide services to an adult individual in the following services:
 - Structured family caregiving (SFC) available on the CIH

Temporarily allow for Respite services to be provided by a participant's spouse, who is not the primary caregiver, when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

Temporarily allow for RHS services to be provided by a participant's spouse or any combination of relative(s) (defined in this section) when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Explanation of change	Service(s) affected	Provider type	Change in Provider qualifications
Need availability of more staff in a shortened timeframe – Indiana and county criminal background checks prior to hire	All services	All types	<p>BDDS will temporarily accept a copy of a limited criminal history checks conducted through the Indiana Central Repository within the last six (6) months from another entity.</p> <p>BDDS is also temporarily suspending the requirement for an existing, approved BDDS provider agency to conduct a criminal history check for potential staff prior to hire from each county in which the employee, officer, or agent involved in the management, administration, or provision of services has resided during the three (3) years before the criminal history check is requested from the county. This is instead is required to be done within 60 days of hire. The BDDS provider agency will still be required to ensure the individual is otherwise qualified to be staff. In the event the employee does not pass the background check, they must immediately suspend delivery of direct supports to individuals in services.</p>
Need availability of more staff in a shortened timeframe – Tuberculosis (TB) Test	All services	All types	BDDS is temporarily suspending the requirement for a provider to conduct a tuberculosis (TB) test on a potential staff prior to hire and will issue guidance on requirements and timelines.
Need availability of more staff in a shortened timeframe – Training required prior to hire	All services	All types	BDDS is suspending the requirement for direct care staff to be trained prior to working with individuals and has issued specific guidance to providers on required trainings.
Need continued availability of more staff – Cardio-pulmonary Resuscitation (CPR)	All services	All types	BDDS will allow a direct support professional to continue providing HCBS services for a period of ninety (90) days after CPR certification has expired.

ii. X **Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

Explanation of changes	Service affected	Change in provider type
Removing requirement that a respite provider must be either a licensed home health agency, or a currently BDDS approved entity providing residential services or an adult day service provider.	Respite Care Services	Would remain as FSSA/DDRS Approved Respite Agency
Removing requirement that a Rent and Food for Unrelated Live-in Caregiver Supports provider must be a BDDS approved HCBS provider of community habilitation and participation services or residential habilitation and support services.	Rent and Food for Unrelated Live-in Caregiver Supports	Would remain as FSSA/DDRS Approved Rent and Food for Unrelated Live-in Caregiver Supports

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Facilities to be Utilized	Explanation of Changes	Each serviced provided in each facility utilized
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	BDDS, the issuer of the licenses for these settings, would not enforce licensure requirements related to the number of participants in a given ICF setting for COVID19-specific situations where waiver services need to be temporarily delivered on a short-term basis. An Indiana Code waiver for IC 12-11-1.1-1-(e)(1), (2) was obtained via a Governor's Executive order to allow an Intermediate care facility (ICF) to temporarily be below the minimum of 4 residents while also allowing an ICF to temporarily exceed the maximum of 8 residents.	Residential Habilitation Structured Family Caregiving

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

<p>BDDS will temporarily allow:</p> <ol style="list-style-type: none"> 1) LOC determinations may be completed by phone (or virtual) in accordance with HIPAA requirements; and 2) Annual LOC re-assessments that are due on or before June 30, 2020 are extended until December 31, 2020. 3) BDDS will temporarily modify the requirement for a Confirmation of Diagnosis to complete Level of Care for re-entries to waiver services.

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The state will offer the current, existing Residential Habilitation rate of \$21.97/hour for staff to stay overnight in the residence to be available in emergent situations under needs determine by the level of involvement of the individual due to complications from the COVID pandemic (e.g. in an emergency situation when an individual must be immediately temporarily relocated or staffed in a temporary residential setting due to COVID-19 exposure or positive testing, and no other means to support the individual have been established (remote supports/electronic monitoring, family or natural supports).
Instances of overnight stays in these situations are occurring as a result of existing authorized services that would have normally been provided by shift staff, that would now allow flexibility for shift staff to continue supporting someone when relief staff or new shift staff are in shortage or not otherwise available due to COVID-19. No new services are being created, and no new rate or increase in rate is being realized by the Residential Habilitation provider.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

To ensure continuity of service planning and team meetings, BDDS will temporarily authorize the use of phone (or virtual) meetings in accordance with HIPAA requirements as an alternative to face-to-face meetings. BDDS issued specific guidance related to virtual meetings and telemedicine to providers.

Person-Centered Service Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures/or electronic verification via secure email consent from service providers and the individual or representative in accordance with the state's HIPAA requirements dated the day of the meeting.

The state will ensure the service plan is modified to allow for additional supports and/or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The case manager must submit the request for additional supports/services no later than 30 days from the date the service begins.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

BDDS will require the following incidents to be reported within 24 hours or 24 hours of knowledge:

- alleged abuse,
- alleged neglect,
- alleged exploitation; and,
- any incident where an individual is found to be presumed positive (Presumed positive means individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory).

All other incidents must be reported within 48 hours or 48 hours of knowledge.

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program].

[Explanation of changes]

BDDS will delay the enrollment of new service providers during the COVID-19 pandemic.

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other [*Describe*]:

Behavior Management, Therapies (including PT, OT, Speech, Psychological, Music, and Recreational), Extended Services, Wellness Coordination, and Family and Caregiver Training are permitted to utilize telemedicine options to delivery services. All other services may use telemedicine as a last resort option, only with individuals who need only verbal prompting and guidance, and must relate to an individualized need or interest. When utilized, some element of the underlying service definition must be provided and documented.

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services

- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: BreAnn
Last Name: Teague
Title: Senior Manager, Program Administration
Agency: Indiana Family & Social Services Administration, Office of Medicaid Policy & Planning
Address 1: 402 West Washington Street, Room W374 (MS07)
Address 2: Indianapolis
City: Indiana
State: 46204
Zip Code: 46204
Telephone: 317-232-7294
E-mail: breann.teague@fssa.in.gov
Fax Number: 317-232-7382

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Cathy
Last Name Robinson
Title: Director, Bureau of Developmental Disabilities Services
Agency: Indiana Family & Social Services Administration/Division of Disability and Rehabilitative Services
Address 1: 02 West Washington Street, Room W453
Address 2: Click or tap here to enter text.
City Indianapolis
State Indiana
Zip Code 46204
Telephone: 317-234-4736
E-mail Cathy.robinson@fssa.in.gov
Fax Number 317-232-0164

8. Authorizing Signature

Signature: _____/S/_____
State Medicaid Director or Designee

Date: 4/20/2020

First Name: Allison
Last Name Taylor
Title: Medicaid Director
Agency: Indiana Family & Social Services Administration/Office of Medicaid Planning and Policy
Address 1: 402 W. Washington St.
Address 2: Click or tap here to enter text.
City Indianapolis
State Indiana
Zip Code 46204
Telephone: 317-232-4354
E-mail allison.taylor@fssa.in.gov
Fax Number 317-234-5076

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:	Rent and Food for Unrelated Live-In Caregiver Supports		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Rent and Food for an Unrelated, Live-in Caregiver Supports means the additional cost a participant incurs for the room and board of an unrelated, live-in caregiver (who has no legal responsibility to support the participant) as provided for in the participant's Residential Budget.</p> <p>REIMBURSABLE ACTIVITIES:</p> <ul style="list-style-type: none"> • The individual participant receiving these services lives in his or her own home • For payment to not be considered income for the participant receiving services, payment for the portion of the costs of rent and food attributable to an unrelated, live-in caregiver (who has no legal responsibility to support the participant) must be made directly to the live-in caregiver • Room and board for the unrelated live-in caregiver (who is not receiving any other financial reimbursement for the provision of this service) • Room: shelter type expenses including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities and related administrative services • Board: three meals a day or other full nutritional regimen • Unrelated: unrelated by blood or marriage to any degree • Caregiver: an individual providing a covered service as defined by BDDS service definitions or in a Medicaid HCBS waiver, to meet the physical, social or emotional needs of the participant receiving services • Respite services may temporarily be allowed when the adult individual is receiving this service <p>The unpaid person who normally provides room and board to the participant will be qualified as a provider of Respite Care services when existing services on the participant's Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Activities not allowed:</p> <ul style="list-style-type: none"> • When the participant lives in the home of the caregiver or in a residence owned or leased by the provider of other services, including Medicaid waiver services • When the live-in caregiver is related by blood or marriage (to any degree) to the participant and/or has any legal responsibility to support the participant 			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			FSSA/DDRS Approved Rent and Food for Unrelated Live-in Caregiver Supports provider
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
FSSA/DDRS Approved Rent and Food for Unrelated Live-in Caregiver Supports provider			Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-5 Provider Qualifications (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
FSSA/DDRS Approved Rent and Food for Unrelated Live-in Caregiver Supports provider	Initially, BDDS. For re-approval, BDDS or BQIS.		Up to 3 years.
Service Delivery Method			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: Respite Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Respite Care Services means services provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care.

Respite Care can be provided in the participant’s home or place of residence, in the respite caregiver’s home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite home).

REIMBURSABLE ACTIVITIES:

- Assistance with toileting and feeding
- Assistance with daily living skills, including assistance with accessing the community and community activities
- Assistance with grooming and personal hygiene
- Meal preparation, serving and cleanup
- Administration of medications
- Supervision
- Individual services
- Group services (Unit rate divided by number of participants served)

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Reimbursement for room and board
- Services provided to a participant living in a licensed facility-based setting
- The cost of registration fees or the cost of recreational activities (for example, camp)
- When the service of Structured Family Caregiving or Children’s Foster Care is being furnished to the Participant;
- Temporarily allow for Respite services to be provided when the service of Structured Family Caregiving is being furnished to the participant when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19. The intent of this additional allowable respite is intended to support the householder in provision of additional in-home supports for those who may not be able to receive respite supports via SFC due to staffing issues, and allows for the additional flexibility to alternatively access respite supports
- Other family members (such as siblings of the participant) may not receive care or supervision from the provider while Respite care is being provided/billed for the waiver participant(s)
- Respite care shall not be used as day/child care
- Respite is not intended to be provided on a continuous, long-term basis as part of daily services that would enable the unpaid caregiver to go to work or to attend school
- Respite care shall not be used to provide service to a participant while the participant is attending school
- Respite care may not be used to replace skilled nursing services that should be provided under the Medicaid State Plan
- Respite care must not duplicate any other service being provided under the participant's Person-Centered/Individualized Support Plan (PC/ISP)
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant’s spouse

Provider Specifications

Provider Category(s)	X	Individual. List types:	X	Agency. List the types of agencies:
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(check one or both):	FSSA/DDRS Approved Respite Providers - Individual	FSSA/DDRS Approved Respite Agencies		
	FSSA/DDRS Approved Respite Providers - Individual - Skilled Nursing	FSSA/DDRS Approved Licensed Home Health Agencies		
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
FSSA/DDRS Approved Respite Agencies			<p>Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-26 Respite Care Qualifications (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Qualifications, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p>

<p>FSSA/DDRS Approved Respite Providers - Individual</p>			<p>Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-26 Respite Care Qualifications (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Qualifications, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p>
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<p>FSSA/DDRS Approved Licensed Home Health Agencies</p>	<p>Home Health Agency IC 16- 27-1, RN and LPN IC 25-23-1</p>	<p>Home Health Aide Registered IC 16-27- 1.5</p>	<p>Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-26 Respite Care Qualifications (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Qualifications, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p>
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FSSA/DDRS Approved Respite Providers - Individual - Skilled Nursing	IC 25-23 Licensed Practical Nurses and Registered Nurses		Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-26 Respite Care Qualifications (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Qualifications, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
FSSA/DDRS Approved Respite Agencies	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
FSSA/DDRS Approved Respite Providers - Individual	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
FSSA/DDRS Approved Licensed Home Health Agencies	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
FSSA/DDRS Approved Respite Providers - Individual - Skilled Nursing	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: Residential Habilitation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Residential Habilitation and Support (RHS) Level 1 and Level 2 services provide up to a full day (24-hour basis) of services and/or supports for participants designated as Algo 0, 1, or 2*, or individuals at any Algo level not meeting criterion for RHS Daily Rate, which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills necessary to support participants to live successfully in their own homes.

Billable under one of two level-specific Billing Codes:

- RH10 – Level 1 - for intermittent use of RHS Level 1 at 35 or fewer hours per week, OR
- RH20 – Level 2 - for greater than 35 hours per week of RHS

RHS services may temporarily be provided at a BDDS approved HCBS day program setting or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) if the individual's home is compromised due to COVID-19 related circumstances. The alternate residential setting must be accessible to participants and ensure participant health and safety to the fullest extent possible. Alternate service delivery in an Intermediate Care Facility (ICF) setting may not exceed thirty (30) days for each participant.

*** FROM 8/01/2018 FORWARD ***

*Participants designated as Algo 3, 4 or 5 and meeting criteria for RHS Daily services may choose to utilize RHS Daily.

Level: 0 (low)

Descriptor: Algo level zero (0):

- (A) high level of independence with few supports needed;
- (B) no significant behavioral issues; and
- (C) requires minimal residential habilitation services.

Level: 1(Basic)

Descriptor: Algo level one (1):

- (A) moderately high level of independence with few supports needed;
- (B) behavioral needs, if any, can be met with medication or informal direction by caregivers through the Medicaid state plan services; and
- (C) likely a need for day programming and light residential habilitation services to assist with certain tasks, but the individual can be unsupervised for much of the day and night.

Level: 2 (Regular)

Descriptor: Algo level two (2):

- (A) moderate level of independence with frequent supports needed;
- (B) behavioral needs, if any, can be met with medication or light therapy, or both, every one (1) to two (2) weeks;
- (C) does not require twenty-four (24) hours a day supervision; and
- (D) generally able to sleep unsupervised, but needs structure and routine throughout the day.

Level: 3 (Moderate)

Descriptor: Algo level three (3):

- (A) requires access to full-time supervision for medical or behavioral, or both, needs;
- (B) twenty-four (24) hours a day, seven (7) days a week staff availability;
- (C) behavioral and medical supports are not generally intense; and
- (D) behavioral and medical supports can be provided in a shared staff setting.

Level: 4 (High)

Descriptor: Algo level four (4):

- (A) requires access to full-time supervision for medical or behavioral, or both, needs:
 - (i) twenty-four (24) hours a day, seven (7) days a week frequent staff interaction; and
 - (ii) requires line of sight support; and
- (B) has moderately intense needs that can generally be provided in a shared staff setting.

Level: 5 (Intensive)

Descriptor: Algo level five (5):

- (A) requires access to full-time supervision with twenty-four (24) hours a day, seven (7) days a week absolute line of sight support;
- (B) needs are intense;
- (C) needs require the full attention of a caregiver with a one-to-one staff to individual ratio; and
- (D) typically only needed by those with intense behavioral needs, not medical needs alone.

Level: 6 (High Intensive)

Descriptor: Algo level six (6):

- (A) requires access to full-time supervision:
 - (i) twenty-four (24) hours a day, seven (7) days a week; and
 - (ii) more than a one-to-one staff to individual ratio;
- (B) needs are exceptional;
- (C) needs require more than one (1) caregiver exclusively devoted to the individual for at least part of each day; and
- (D) imminent risk of individual harming self or others, or both, without vigilant supervision.

The nationally recognized Inventory for Client and Agency Planning or ICAP was selected to be the primary tool for individual assessment. The ICAP assessment determines an individual's level of functioning for broad independence and general maladaptive factors. The ICAP addendum, commonly referred to as the behavior and health factors, determines an individual's level of functioning on behavior and health factors. These two assessments determine an individual's overall Algo level, which can range from 0-6. Algos 0 and 6 are considered outliers representing those who are the lowest and the highest on both ends of the functioning spectrum. On review, the State may manually adjust the designation of an individual from an Algo 5 to an Algo 6. Although this individual continues receiving the Algo 5 budget, the Algo 6 designation indicates a need for additional oversight of the individual.

The stakeholder group designed a grid to build the allocations. The grid was developed with the following tenets playing key roles:

- Focus on daytime programming
- Employment
- Community integration
- Housemates

The OBA is then determined by combining the overall Algo (determined by the ICAP and ICAP addendum), age, employment, and living arrangement.

RHS includes the following activities:

- Direct supervision, monitoring and training to implement the Person-Centered/Individualized Support Plan (PC/ISP) outcomes for the participant through the following:
 - Assistance with personal care, meals, shopping, errands, chore and leisure activities and transportation (excluding transportation that is covered under the Medicaid State Plan)
 - Assurance that direct service staff are aware of and actively participate in the development and implementation of PC/ISP, Behavior Support Plans and Risk Plans**
 - Coordination and facilitation of medical and non-medical services to meet healthcare needs, including physician consults, medications, development and oversight of a health plan,

utilization of available supports in a cost effective manner and maintenance of each participant's health record when the participant receiving RHS does not also utilize Wellness Coordination Services

- o Collaboration and coordination with the wellness coordinator when the participant receiving RHS also utilizes Wellness Coordination Services.

**When Wellness Coordination services are utilized in addition to RHS services, the Wellness Coordinator who must be an RN/LPN is responsible for the development, oversight and maintenance of a Wellness Coordination plan as well the development, oversight and maintenance of the health-related Risk Plan, noting that a Comprehensive Medical Risk Plan may substitute for the Wellness Coordination Plan or individual risk plans. The RN/LPN determines the appropriate mode of training to be used for the Direct Support Professional to ensure implementation of Risk Plans, noting that training may be by staff trained by the RN/LPN with the exception of nursing delegated tasks or other items the nurse feels that only a licensed nurse should train. Additionally, the RN/LPN ensures completion of training of the Direct Support Professional to ensure implementation of Risk Plans.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

LIMITATIONS

Reimbursable waiver funded services furnished to an adult waiver participant by any combination of relative(s) *** and/or legal guardian(s) may not exceed a total of 40 hours per week. (See Activities Not Allowed for definition of relative). RHS services may be provided in any combination of relative(s) (defined in this section) and, temporarily, may exceed beyond 40 hours per week when existing services on the participant's Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

Additionally,

- Providers may not bill for RHS reimbursement for time when staff/paid caregiver is asleep. Only awake, engaged staff can be counted in reimbursement. (A team may decide that a staff or contractor may sleep while with a participant, but this activity is not billable.) The state will offer a rate for staff to stay overnight in the residence to be available in emergent situations under needs determine by the level of involvement of the individual due to complications from the COVID pandemic (e.g. in an emergency situation when an individual must be immediately temporarily relocated or staffed in a temporary residential setting due to COVID-19 exposure or positive testing, and no other means to support the individual have been established (remote supports/electronic monitoring, family or natural supports). The team may determine and plan for this plan until an alternate support plan can be developed). The determination will be made by the individual, or guardian and the individual's case manager, based on the need for support where no other support is available.
- Providers may not bill for RHS reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable RHS activity.)
- RHS Level 1 and RHS Level 2 and Electronic Monitoring services are not billable concurrently/during the same time period.
- Intermittent use of RHS Level 1 may not exceed thirty-five (35) hours of service per week Activities Not Allowed Reimbursement is not available through RHS in the following circumstances:
- Services furnished to a minor by the parent(s), step-parent(s), or legal guardian -- BDDS will temporarily allow for RHS services to be provided to a minor by relatives, including parent(s), stepparent(s) and legal guardian(s), beyond 40 hours per week.
- Services to individuals in Structured Family Caregiving or Children's Foster Care Services that are available under the Medicaid State Plan
- Reimbursable waiver funded services furnished to an adult waiver participant by any combination of relative(s)*** and/or legal guardian(s) may not exceed a total of 40 hours per week. Temporarily allow RHS services to be provided by other relatives (defined in this section) or groups of relatives beyond 40 hours per week when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

*** Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

- 1) Aunt (natural, step, adopted)
- 2) Brother (natural, step, half, adopted, in-law)
- 3) Child (natural, step, adopted)
- 4) First cousin (natural, step, adopted)
- 5) Grandchild (natural, step, adopted)
- 6) Grandparent (natural, step, adopted)
- 7) Niece (natural, step, adopted)
- 8) Nephew (natural, step, adopted)
- 9) Parent (natural, step, adopted, in-law)
- 10) Sister (natural, step, half, adopted, in-law)
- 11) Spouse (husband or wife)
- 12) Uncle (natural, step, adopted)

Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				FSSA/DDRS Approved Residential Habilitation Agencies
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
FSSA/DDRS Approved Provider of any HCBS service			Enrolled as an active Medicaid provider Must be FSSA/DDRS-approved Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5 Provider Qualifications IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications IN emergency code waiver), 460 IAC 6-14-4 Staff Training IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
FSSA/DDRS Approved Provider of any HCBS service	Initially, BDDS. For re-approval, BDDS or BQIS.		Up to 3 years.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Facility Based Habilitation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Facility Based Habilitation services are services provided outside of the Participant's home and within the facility of a DDRS-approved provider and that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills.

Group sizes:

- Small (4:1 or smaller)
- Medium (5:1 to 10:1)
- Larger (larger than 10:1 but no larger than 16:1)

Adherence to ratios is temporarily modified due to circumstances related to COVID-19 crisis.

Due to the need to limit social interaction in response to COVID-19, the agency will temporarily expand settings where Facility Habilitation may be provided. Facility Habilitation may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The alternate service delivery in an Intermediate Care Facility (ICF) setting may not exceed thirty (30) days for each participant.

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities (i.e. segregated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the Community

Facility Based Habilitation waiver service locations may be temporarily utilized as alternate residential or community-based habilitation setting for participants displaced during the COVID-19 crisis. The facility-based habilitation setting must be accessible to participants and ensure participant health and safety to the fullest extent possible.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to an individual habilitation outcome
- Activities that do not foster the acquisition and retention of skills.
- Activities that would normally be a component of a person’s residential life or services, such as: shopping, banking, household errands, medical appointments, etc.
- Services furnished to a minor by parent(s) or step parents(s) or legal guardian.
- Services furnished to a participant by the participant’s spouse.

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when they receive skills training, such as the cost to attend a community event.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	FSSA/DDRS Approved Facility Based Habilitation - Individuals		FSSA/DDRS Approved Facility Based Habilitation Agencies	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>FSSA/DDRS Approved Facility Based Habilitation Agencies</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and Transportation Requirements</p> <p>Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p> <p>Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations:</p> <ol style="list-style-type: none"> (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary
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<p>FSSA/DDRS Approved Facility Based Habilitation - Individuals</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and Transportation Requirements Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

FSSA/DDRS Approved Facility Based Habilitation Agencies	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
FSSA/DDRS Approved Facility Based Habilitation - Individuals	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
Service Specification		
Service Title:	Adult Day Services	
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>		
Service Definition (Scope):		

Adult Day Services (ADS) are community-based group programs designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide health, social, recreational, and therapeutic activities, supervision, support services, and personal care.

Meals and/or nutritious snacks are required. The meals need not constitute the full daily nutritional regimen. However, each meal must meet 1/3 of the daily Recommended Dietary Allowance. These services must be provided in a congregate, protective setting in one of three available levels of service: Basic, Enhanced or Intensive.

Individuals attend Adult Day Services on a planned basis. A maximum of 12 hours per day shall be allowable. The three levels of Adult Day Services are Basic, Enhanced and Intensive.

Due to the need to limit social interaction in response to COVID-19, the agency will temporarily expand settings where Adult Day Services may be provided. Adult Day Services may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The alternate service delivery in an Intermediate Care Facility (ICF) setting may not exceed thirty (30) days for each participant.

A 1/2 day unit is defined as one unit of 3 hours to a maximum of 5 hours/day. Two units is more than 5 hours to a maximum of 8 hours/day. A maximum of two 1/2 units/day is allowed.

A 1/4 hour unit is defined as 15 minutes. Billable only if fewer than 3 hours or more than 8 hours of ADS have been provided on the same day. A maximum of 16 1/4 hour units/day are allowed.

REIMBURSABLE ACTIVITIES

BASIC ADULT DAY SERVICES (Level 1) includes:

- Monitor and/or supervise all activities of daily living (ADLs) defined as dressing, bathing, grooming, eating, walking, and toileting with hands-on assistance provided as needed.
- Comprehensive, therapeutic activities.
- Health assessment and intermittent monitoring of health status.
- Monitor medication or medication administration.
- Appropriate structure and supervision for those with mild cognitive impairment.
- Minimum staff ratio: One staff for each eight individuals.

ENHANCED ADULT DAY SERVICES (Level 2) includes:

- Hands-on assistance with two or more ADLs or hands-on assistance with bathing or other personal care.
- Health assessment with regular monitoring or intervention with health status.
- Dispense or supervise the dispensing of medication to individuals.
- Psychological needs assessed and addressed, including counseling as needed for individuals and caregivers.
- Therapeutic structure, supervision, and intervention for those with mild to moderate cognitive impairments.
- Minimum staff ratio: One staff for each six individuals.

INTENSIVE ADULT DAY SERVICES (Level 3) includes:

Level 1 and Level 2 service requirements must be met. Additional services include:

- Hands-on assistance or supervision with all ADLs and personal care.
- One or more direct health intervention(s) required.
- Rehabilitation and restorative services, including physical therapy, speech therapy, and occupational therapy coordinated or available.
- Therapeutic intervention to address dynamic psychosocial needs such as depression or family issues affecting care.
- Therapeutic interventions for those with moderate to severe cognitive impairments.
- Minimum staff ratio: One staff for each four individuals.

Adherence to ratios is temporarily modified due to circumstances related to COVID-19 crisis.

Adult Day Services may be used in conjunction with Transportation Services.

Adult Day Services are allowed for a maximum of 12 hours per calendar day.

Adult day waiver service locations may be temporarily utilized as alternate residential setting for participants displaced during the COVID-19 crisis. The adult day service setting must be accessible to participants and ensure participant health and safety to the fullest extent possible.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT ALLOWED

- Any activity that is not described in allowable activities is not included in this service.

NOTE: Therapies provided through this service will not duplicate therapies provided under any other service.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			FSSA/DDRS Approved Adult Day Service Facilities	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>FSSA/DDRS Approved Adult Day Service Facilities</p>			<p>Enrolled as an active Medicaid provider Must be FSSA/DDRS-approved Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-2 Qualification for ADS , 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), and Transportation Requirements. Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain Indiana accreditation by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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Verification of Provider Qualifications

<p>Provider Type:</p>	<p>Entity Responsible for Verification:</p>	<p>Frequency of Verification</p>
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FSSA/DDRS Approved Adult Day Service Facilities	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: Prevocational Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Prevocational Services are services that prepare a participant for paid or unpaid employment.

Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized results. Services are habilitative in nature and not explicit employment objectives.

Monitoring of prevocational services occurs on a quarterly basis. The objectives of monitoring include assessment of the participant's progress toward achieving the outcomes identified on the participant's PC/ISP related to employment and to verify the continued need for Prevocational services. The appropriateness of Prevocational services is determined by dividing the previous quarter's gross earnings by the hours of attendance.

If the hourly wage falls below 50% of the Federal minimum wage, Prevocational services may be continued. If the average wage exceeds 50% of the Federal minimum wage, Prevocational services should be discontinued for the next quarter.

Group sizes:

- Small (4:1 or smaller)
- Medium (5:1 to 10:1)
- Large (larger than 10:1 but no larger than 16:1)

Adherence to ratios is temporarily modified due to circumstances related to COVID-19 crisis.

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support provided to assist with the acquisition and retention of skills in the following areas:

- Paid and unpaid training compensated less than 50% federal minimum wage
- Generalized and transferable employment skills acquisition

These activities may be provided using off-site enclave or mobile community work crew models.

Prevocational waiver facility locations may be temporarily utilized as alternate residential setting for participants displaced during the COVID-19 crisis. The prevocational facility setting must be accessible to participants and ensure participant health and safety to the fullest extent possible.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or section 602(16) & (17) of Individual with Disabilities Education Act
- Activities that do not foster the acquisition and retention of skills
- Services in which compensation is greater than 50% federal minimum wage
- Activities directed at teaching specific job skills
- Sheltered employment, facility-based
- Services furnished to a minor by parent(s) or stepparents(s) or legal guardian

Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	FSSA/DDRS Approved Prevocational Services Individual		FSSA/DDRS Approved Prevocational Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>FSSA/DDRS Approved Prevocational Agency</p>			<p>Enrolled as an active Medicaid provider Must be FSSA/DDRS-approved Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-20 Prevocational Services provider qualifications, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver). Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain Indiana accreditation by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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<p>FSSA/DDRS Approved Prevocational Services Individual</p>			<p>Enrolled as an active Medicaid provider Must be FSSA/DDRS-approved Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-20 Prevocational Services provider qualifications, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver). Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain Indiana accreditation by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification

FSSA/DDRS Approved Prevocational Agency	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
FSSA/DDRS Approved Prevocational Services Individual	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Transportation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Transportation Services enable waiver participants to gain access to non-medical community services, resources/destinations, or places of employment, maintain or improve their mobility within the community, increase independence and community participation and prevent institutionalization as specified by the Person-Centered/Individualized Support Plan and plan of care.</p> <p>Trips to or from a non-medical community service, resource or place of employment as specified on the PC/ISP and provided by an approved provider of Residential Habilitation and Support (a service available only on the CIH Waiver), Community Based Habilitation, Facility Based Habilitation, Adult Day Services or Transportation Services may occur.</p> <p>* Bus passes or alternate methods of transportation may be utilized * May be used in conjunction with other services, including Community Based Habilitation, Facility Based Habilitation and Adult Day Services.</p> <p>NOTE: Whenever possible, family, neighbors, friends or community agencies, which can provide Transportation Services without charge will be utilized.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Activities not allowed: May not be used to meet medical transportation needs already available under the Indiana Medicaid State Plan	

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
	FSSA/DDRS Approved Transportation Provider - Individual		FSSA/DDRS Approved Transportation Provider - Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
FSSA/DDRS Approved Transportation Provider - Agency			Enrolled as an active Medicaid provider Must be FSSA/DDRS-approved Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-30(b) and 6-34 Transportation, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), and 460 IAC 6-14-4 Staff Training (IN emergency code waiver). Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.

FSSA/DDRS Approved Transportation Provider - Individual			Enrolled as an active Medicaid provider Must be FSSA/DDRS-approved Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-30(b) and 6-34 Transportation, 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), and 460 IAC 6-14-4 Staff Training (IN emergency code waiver) Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
FSSA/DDRS Approved Transportation Provider - Agency	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
FSSA/DDRS Approved Transportation Provider - Individual	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title: Structured Family Caregiving

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Structured Family Caregiving (previously known as Adult Foster Care) means a living arrangement in which a participant lives in the private home of a principal caregiver who may be a non-family member (foster care) or a family member who is not the participant's spouse, the parent of the participant who is a minor, or the legal guardian of the minor participant. Temporarily allow for SFC services to be provided by a participant's spouse or any combination of relative(s) (defined in this section) and exceed beyond 40 hours per week when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

Necessary support services are provided by the principal caregiver (family caregiver) as part of Structured Family Caregiving. Only agencies may be Structured Family Caregiving providers, with the Structured Family Caregiving settings being approved, supervised, trained, and paid by the approved agency provider. The provider agency must conduct two visits per month to the home. The two required visits may be any combination of the Structured Family Caregiving Home Manager and a registered nurse/licensed practical nurse. The provider agency must keep daily notes that can be accessed by the state. Separate payment will not be made for homemaker or chore services furnished to an individual receiving Structured Family Caregiving, since these services are integral to and inherent in the provision of Structured Family Caregiving services.

SERVICE LEVELS AND RATES

There are three service levels of Structured Family Caregiving (SFC), each with a unique rate. The level of SFC service must be justified in the PC/ISP according to the following guidelines:

- Level 1
 - Individuals with a moderate to high level of independence with few supports needed;
 - Minimal behavior needs that can be met with medication or informal direction by caregivers; and
 - Light to minimal support need to assist with certain tasks but can do well without supervision for much of the day and night.

- Level 2
 - Individuals with a moderate level of independence with frequent supports needed;
 - Behavioral needs, if any, can be met with medication or light therapy, or both, every one (1) to two (2) weeks;
 - Individual does not require twenty-four (24) hours a day supervision; and
 - Individual generally able to sleep unsupervised, but needs structure and routine throughout the day.

- Level 3
 - Any individual who does not meet Level One or Two;
 - Generally means individuals who require full supervision to meet their daily needs;
 - Behavioral support needs range from moderate to intense; and
 - May be able to share staff support; may need some degree of one-to-one support.

The agency will temporarily expand settings where Structured Family Caregiving (SFC) may be provided. If the support for a participant's Residential Habilitation and Support (RHS) setting is compromised due to COVID-19 related reasons and a direct support staff is residing in the home to ensure continuity of care, BDDS will temporarily allow the RHS setting to be converted to a SFC setting and be provided in the participant's home. This is not a requirement in cases where a direct support staff is temporarily residing in an individual's home, but rather an option for the team to consider.

REIMBURSABLE ACTIVITIES

- Personal care and services

- Homemaker or chore services
- Attendant care and companion care services
- Medication oversight
- Respite for the family caregiver (funding for this respite is included in the per diem paid to the service provider, the actual service of Respite Care may not be billed in addition to the per diem)
- Other appropriate supports as described in the Person-Centered/Individualized Support Plan

Transportation services through the waiver may be used in conjunction with Structured Family Caregiving when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities not allowed:

- Services provided by a caregiver who is the parent of the minor participant.
- Services provided by a caregiver who is the spouse of the participant. Temporarily SFC services may be provided to an adult waiver participant by a spouse when existing services on the Person-Centered Individualized Support Plan (PC/ISP) have been interrupted due to circumstances related to COVID-19.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				FSSA/DDRS Approved Structured Family Caregiving Agencies (previously known as AFC Agencies)
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>FSSA/DDRS Approved Structured Family Caregiving Agencies (previously known as AFC Agencies)</p>			<p>Enrolled as an active Medicaid provider prior to 3/6/2020 Must be FSSA/DDRS-approved prior to 3/6/2020 Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-5-3 Adult Foster Care qualifications (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), and Transportation Requirements. Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<p>FSSA/DDRS Approved Structured Family Caregiving Agencies (previously known as AFC Agencies)</p>	<p>Initially, BDDS. For re-approval, BDDS or BQIS.</p>	<p>Up to 3 years.</p>

Service Delivery Method

<p>Service Delivery Method (check each that applies):</p>	<input type="checkbox"/>	<p>Participant-directed as specified in Appendix E</p>	<input checked="" type="checkbox"/>	<p>Provider managed</p>
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Service Specification

Service Title: Community-Based Habilitation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Community Based Habilitation - Group are services provided outside of the Participant's home that support learning and assistance in the areas of: self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills. Community based activities are intended to build relationships and natural supports.

Due to the need to limit social interaction in response to COVID-19, the agency will temporarily expand settings where Community Based Habilitation (CHIO/CHG) may be provided. CHIO/CHG services may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The alternate service delivery in an Intermediate Care Facility (ICF) setting may not exceed thirty (30) days for each participant.

Group Sizes:

- Small groups (4:1 or smaller)
- Medium groups (5:1 to 10:1)

REIMBURSABLE ACTIVITIES:

Monitoring, training, education, demonstration, or support to assist the individual with the acquisition and retention of skills in the following areas:

- Leisure activities and community/public events (i.e. integrated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the participant to become more independent, integrated or productive in the community

Adherence to ratios is temporarily modified due to circumstances related to COVID-19 crisis.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed:

- Services that are available under the Rehabilitation Act of 1973 or PL 94-142.
- Skills training for any activity that is not identified as directly related to an individual habilitation outcome.
- Activities that do not foster the acquisition and retention of skills.
- Services furnished to a minor by parent(s), step parents(s) or legal guardian. BDDS will temporarily allow for Community Based Habilitation to be provided to a minor by parent(s), stepparent(s) and legal guardian(s).
- Services furnished to a participant by the participant’s spouse.
- Services rendered in a facility.
- Group size in excess of 10:1. Adherence to ratios is temporarily modified due to circumstances related to COVID-19 crisis.

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when they receive skills training, such as the cost to attend a community event.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		FSSA/DDRS Approved Community Based Habilitation - Individuals		FSSA/DDRS Approved Community Based Habilitation Agencies
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>FSSA/DDRS Approved Community Based Habilitation Agencies</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and Transportation Requirements Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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<p>FSSA/DDRS Approved Community Based Habilitation - Individuals</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), 460 IAC 6-5-14 Health Care Coordination Services provider qualifications, and Transportation Requirements Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification

FSSA/DDRS Approved Community Based Habilitation Agencies	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.		
FSSA/DDRS Approved Community Based Habilitation - Individuals	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title:	Extended Services
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Extended Services are ongoing employment support services which enable an individual to maintain integrated competitive employment in a community setting. Individuals must be employed in a community-based, competitive job that pays at or above minimum wage in order to access this service.

The initial job placement, training, stabilization may be provided through Indiana Vocational Rehabilitation Services. Extended Services provide the additional work related supports needed by the individual to continue to be as independent as possible in community employment. If an employed individual has obtained community based competitive employment and stabilization without Vocational Rehabilitation's services, the participant is still eligible to receive Extended Services, as long as the participant meets the qualifications below.

Ongoing employment support services are identified in the participants' Person-Centered/Individualized Support Plan and must be related to the participants' limitations in functional areas (i.e. self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency), as are necessary to maintain employment.

Reimbursable Activities

- Ensuring that natural supports at the work site are secured through interaction with supervisors and staff. A tangible outcome of this activity would be a decrease in the number of hours of Extended Services an individual accessed over time.
- Training for the participant, and/or the participant's employer, supervisor or coworkers, to increase the participant's inclusion at the worksite.
- Regular observation or supervision of the participant to reinforce and stabilize the job placement.
- Job-specific or job-related safety training.
- Job-specific or job-related self-advocacy skills training.
- Reinforcement of work-related personal care and social skills.
- Training on use of public transportation and/or acquisition of appropriate transportation.
- Facilitating, but not funding, driver's education training.
- Coaching and training on job-related tasks such as computer skills or other job-specific tasks.
- Travel by the provider to the job site is allowable as part of the delivery of this service.

Individual (one-on-one) services can be billed in 15 minute increments.

For Extended Services provided in a group setting, reimbursement equals the unit rate divided by the number of individuals served.

With the exception of 1:1 on the job coaching, support and observation, the potential exists for all components of the Extended Services service definition to be applicable to either an individual waiver participant or to a group of participants. However, specific examples of activities that might be rendered in a group setting would include instructing a group of individuals on professional appearance requirements for various types of employment, reinforcement of work-related personal care or social skills, knowing how to get up in time to get ready for and commute to work. Groups could receive job-specific or job-related safety training, self-advocacy training, or training on the use of public transportation. A group could receive training on computer skills or other job specific tasks when group participants have similar training needs.

Additional Information:

- Individuals may also utilize Workplace Assistance during any hours of competitive integrated employment in conjunction with their use of Extended Services.
- Extended Services are not time limited.
- Community settings are defined as non-residential, integrated settings that are in the community. Services may not be rendered within the same building(s) alongside other non-integrated participants.

- Competitive integrated employment is defined as full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with coworkers without disabilities.
- Individuals may be self-employed, working from their own homes, and still receive Extended Services when the work is competitive and could also be performed in an integrated environment by and among persons without intellectual/developmental disabilities.

In the event an individual is placed on temporary leave from their employer due to a COVID-19 related circumstance, Extended Services may continue to be delivered via telehealth in accordance with HIPAA requirements to the extent they are meaningful and contribute to ongoing job-specific goals or readiness of the participant to resume work with their current employer once public health emergency restrictions are lifted.

Group services may only be rendered at the discretion of the IST and in group sizes no greater than four individuals to one staff. In addition, the provider must be able to provide appropriate documentation, as outlined in the DDRS Waiver Manual, demonstrating that the ratio for each claimed timeframe of services did not exceed the maximum allowable ratio determined by the IST for each group participant, and provide documentation identifying other group participants, by using the individuals' HIPAA naming convention.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Activities Not Allowed

Reimbursement is not available under Extended Services for the following activities:

- Any non-community based setting where the majority (51% or more) of the individuals have an Intellectual or Developmental Disability.
- Sheltered work observation or participation.
- Volunteer endeavors.
- Any service that is otherwise available under the Rehabilitation Act of 1973 or Public Law 94-142.
- Public relations.
- Incentive payments made to an employer to subsidize the employer's participation in Extended Services.
- Payment for vocational training that is not directly related to the individual's Extended Service needs outlined in the PC/ISP.
- Extended Services do not include payment for supervisory activities rendered as a normal part of the business setting.
- Extended Services provided to a minor by a parent(s), step-parent(s), or legal guardian, or spouse.
- The provision of transportation of an individual participant is not a reimbursable activity within Extended Services.
- Waiver funding is not available for the provision of vocational services delivered in facility based or sheltered work settings, where individuals are supervised for the primary purpose of producing goods or performing services.
- Group supports delivered to individuals who are utilizing different support options. For example, one individual in the group is using Extended Services and another individual in the same group setting is using Facility-Based Habilitation. This type of activity would not be allowed.

NOTE: Supported Employment services continue to be available under the Rehabilitation Act of 1973 through the Vocational Rehabilitation Services (VRS) program within FSSA/DDRS's Bureau of Rehabilitation Services (BRS).

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		FSSA/DDRS Approved Extended Services - Individual		FSSA/DDRS Approved Extended Services - Agencies

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
FSSA/DDRS Approved Extended Services - Individual			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:</p> <ul style="list-style-type: none"> 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), <p>Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage.</p> <p>Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations:</p> <ul style="list-style-type: none"> (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary

<p>FSSA/DDRS Approved Extended Services - Agencies</p>			<p>Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to: 460 IAC 6-10-5 Criminal Histories (IN emergency code waiver), 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status of Providers (IN emergency code waiver), 460 IAC 6-14-5 Direct Care Staff Qualifications (IN emergency code waiver), 460 IAC 6-14-4 Staff Training (IN emergency code waiver), Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS BDDS policies and the FSSA/DDRS HCBS Waivers module on the IHCP Provider Reference Materials webpage. Must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor. (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor. (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor. (4) The National Committee for Quality Assurance, or its successor. (5) The ISO-9001 human services QA system. (6) An independent national accreditation organization approved by the secretary</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
FSSA/DDRS Approved Extended Services - Agencies	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.

FSSA/DDRS Approved Extended Services - Individual	Initially, BDDS. For re-approval, BDDS or BQIS.	Up to 3 years.
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Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.