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Division of Aging
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TO: Providers of Care Management Services under the Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) 1915(c) Home and Community Based Medicaid Waivers and Money Follows the Person (MFP) Demonstration Programs

FROM: Leslie Huckleberry, Director, Division of Aging

SUBJECT: Updated Guidance Regarding Service Plan Elements Which Require Manual Review

DATE: March 22, 2024

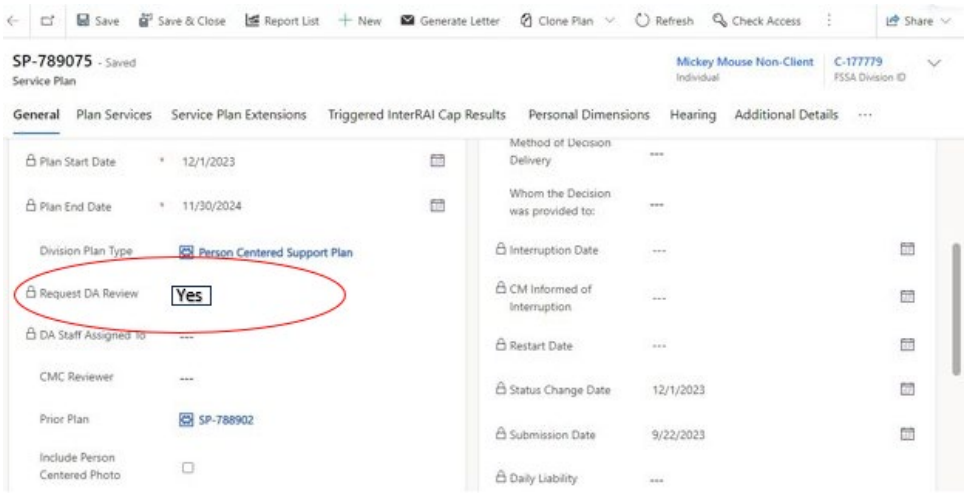
The purpose of this memorandum is to share updated guidance with all care managers regarding service plans that should be marked for manual review, effective immediately. This guidance is a follow up to information shared in January regarding the Indiana Family and Social Services Administration's Medicaid forecast mitigation strategies.

As outlined in that communication, FSSA is working to improve service definition compliance with the existing federally approved Aged and Disabled Waiver through reinforcement of practices that align with approved definitions, and to increase state staff engagement to ensure a person-centered, thoughtful and thorough review process for service plans. To ensure plans can be reviewed in a timely manner, FSSA has built an expanded network of state staff to engage in the plan review process. This means, as a care manager, you may receive communication, such as Requests for Information (RFIs), from someone outside the typical Care Manager Consultant team with which you are already familiar. The goal of these communications is to support the development of service plans that are person-centered, and which comply with all requirements from the Centers for Medicare and Medicaid Services (CMS).

To date, Division of Aging staff have manually reviewed all service plans (initial, annual, re-entry or updates) that contain at least one of the following services:

- Home Modification Assessment
- Home Modifications (Install and Maintenance)
- Specialized Medical Equipment and Supplies (New and Repair)
- Vehicle Modification (Install and Maintenance)
- Participant-Directed Home Care Service
- Consumer-Directed Attendant Care Service

Care managers can also request review of any service plan by marking ‘Yes’ on that service plan, as shown below.



Effective immediately, care managers must “Request DA Review” for all plans that meet any of the following criteria:

- A service plan (initial, annual, re-entry or update) for an individual 22 years or older that includes more than 240 hours per month of Attendant Care.
- A service plan (initial, annual, re-entry or update) for an individual under 22 years old that includes more than 80 hours per month of Attendant Care.
- All service plans that include Home and Community Assistance as a service
- Any service plan with more than 1 provider providing the same service (i.e., two attendant care provider agencies)
- Any service plan that has a Legally Responsible Individual (LRI) providing care

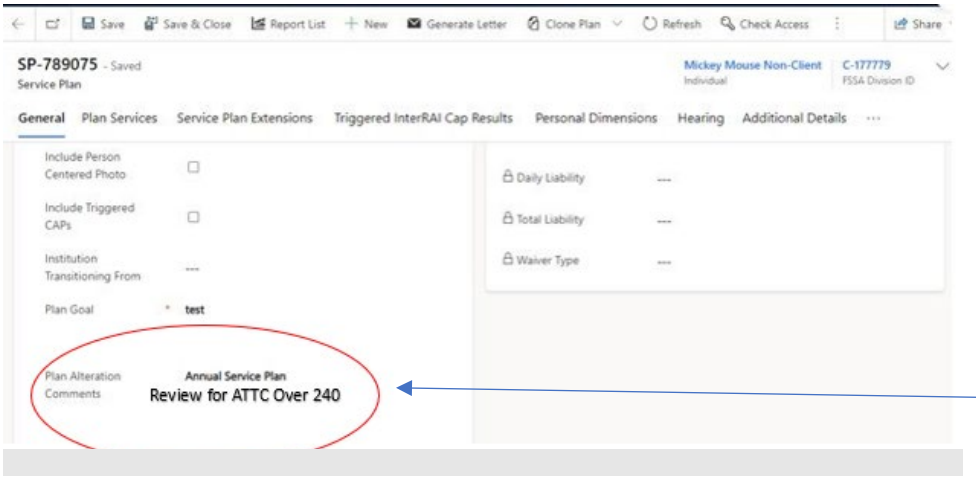
Care managers can continue to request service plan review by state staff for any reason. Additionally, care managers should request review if they are unsure the individual meets Level of Care, if the care manager believes any rules regarding how the service can and should be used are not being appropriately followed or the care manager does not agree that the amount of support being requested is in alignment with the individual’s assessed support needs.

Care managers must also include a short description of the reason a plan has been identified for state-level review in the Plan Alterations Comments section of the plan. This will support DA in routing each plan to the most appropriate reviewer and expedite review and approval times. When multiple criteria are identified, please include each criterion in a separate line item.

Care managers must include in the Plan Alteration Comments box:

- Information regarding the LRI, when applicable. This includes the name and relationship in the below format.

- Additional information in alignment with current practices



Example:
Adult ATTC over 240 hours
LRI: John Doe, Father

This additional information should also be included in all appropriate locations within the service plan. Any plan that is flagged for state-level review will be reviewed in its entirety to ensure alignment with waiver service requirements and applicable policy and guidance.

For questions, please contact fssa.daresponseteam@fssa.in.gov.