## **Methods and Standards for Establishing Payment Rates**

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. (Check each that applies, and describe methods and standards to set rates):

	*
V	HCBS Case Management – Care Coordination
	Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private agency providers of Adult Day Services. The agency's fee schedule rate effective on October 1, 2018, is for services provided on or after that date. All rates are published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a> .
	HCBS Homemaker
	HCBS Home Health Aide
	HCBS Personal Care
Ø	HCBS Adult Day Health
	Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private agency providers of Adult Day Services. The agency's fee schedule rate effective on October 1, 2018, is for services provided on or after that date. All rates are published on the agency's website at <a href="www.indianamedicaid.com">www.indianamedicaid.com</a> .
V	HCBS Habilitation
	Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private agency providers of Habilitation and Support. The agency's fee schedule rate effective on October 1, 2018, is for services provided on or after that date. All rates are published on the agency's website at <a href="www.indianamedicaid.com">www.indianamedicaid.com</a> .
	Home and Community Based (HCB) Habilitation and Support – Individual Setting
	HCB Habilitation and Support – Family/Couple with the Recipient Present (Individual Setting)
	HCB Habilitation and Support – Family/Couple without the Recipient Present (Individual Setting)
	HCB Habilitation and Support – Group Setting HCB Habilitation and Support – Family/Couple with Recipient Present (Group Setting)
	HCB Habilitation and Support – Family/Couple without Recipient Present (Group Setting)
V	HCBS Respite Care
	Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Respite Care. The agency's fee schedule rate effective on October 1, 2018, is for services provided on or after that date. All rates are published on the agency's website at <a href="www.indianamedicaid.com">www.indianamedicaid.com</a> .
For	Individuals with Chronic Mental Illness, the following services:

TN: 22-0008

State: Indiana

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HCBS Day Treatment or Other Partial Hospitalization Services

		HCBS Psychosocial Rehabilitation
		HCBS Clinic Services (whether or not furnished in a facility for CMI)
V	Oth	er Services (specify below)
	Exce gove agen	rapy and Behavioral Support Services  the plan, state developed fee schedule rates are the same for both remmental and private agency providers of Therapy and Behavioral Support Services. The cy's fee schedule rate effective on October 1, 2018, is for services provided on or after that All rates are published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a> .
Therapy and Behavioral Support Services – Individual Setting		
	Setti	apy and Behavioral Support Services – Family/Couple with Recipient Present (Individual ng)
	Ther Setti	apy and Behavioral Support Services – Family/Couple without Recipient Present (Individual ng)
	Ther	apy and Behavioral Support Services – Group Setting
	Ther Setti	apy and Behavioral Support Services – Family/Couple with Recipient Present (Group ng)
		apy and Behavioral Support Services – Family/Couple without Recipient Present (Group
	Exce gove effec	cept as otherwise noted in the plan, state developed fee schedule rates are the same for both remmental and private agency providers of Addiction Counseling. The agency's fee schedule cive on October 1, 2018, is for services provided on or after that date. All rates are published ne agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a> .
	Add Add Add Add	iction Counseling – Individual Setting iction Counseling – Family/Couple with Recipient Present (Individual Setting) iction Counseling – Family/Couple without Recipient Present (Individual Setting) iction Counseling – Group Setting iction Counseling – Family/Couple with Recipient Present (Group Setting) iction Counseling – Family/Couple without Recipient Present (Group Setting)

§1915(i) State plan HCBS

#### **Supported Community Engagement Services**

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private agency providers of Supported Community Engagement Services. The agency's fee schedule rate effective on October 1, 2018, is for services provided on or after that date. All rates are published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a>.

TN: 22-0008

Effective: October 7<sup>th</sup>, 2022 Approved: Supersedes: 19-013

#### **Medication Training and Support**

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private agency providers of Medication Training and Support. The agency's fee schedule effective on October 1, 2018, is for services provided on or after that date. All rates are published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a>.

Medication Training and Support – Individual Setting

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

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

Medication Training and Support – Group

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

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

TN: 22-0008

Effective: October 7<sup>th</sup>, 2022 Approved: Supersedes: 19-013

#### Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. (Check each that applies, and describe methods and standards to set rates):

	HCBS Case Management		
	HCBS Homemaker		
	HCBS Home Health Aide		
	HCBS Personal Care		
	HCBS Adult Day Health		
$\square$	HCBS Habilitation		
	Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Habilitation payment rate is comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. The agency's fee schedule for Habilitation service was set using the same methodology that was previously applied to the 1915(c) Aged & Disabled waiver. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Rates are published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a> .		

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State: IN

#### **HCBS** Respite Care

Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Respite Care payment rates are comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Productivity adjustments were applied to determine the total cost per billable unit of service. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Labor cost was benchmarked to market data from the U.S. Department of Labor, Bureau of Labor Statistics, and labor and BLS data were averaged if the BLS data exceed the labor cost data by a predetermined threshold.

The rates will be published at the State's website, <u>www.indianamedicaid.com</u>.

Respite care service has three (3) units of service as the basis for the fee schedule rates:

1) Respite care provided for less than ten (10) hours per day is based on a 15-minute unit of service.

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	For I	serv 3) C unit	Respite care provided for ten (10) to twenty-four (24) hours per day is based on a daily unit of rice.  Crisis respite care provided for eight (8) to twenty-four (24) hours per day is based on a daily of service.  Hulls with Chronic Mental Illness, the following services:  HCBS Day Treatment or Other Partial Hospitalization Services  HCBS Psychosocial Rehabilitation	
			HCBS Clinic Services (whether or not furnished in a facility for CMI)	
	<b>V</b>	Othe	er Services (specify below)	
ŀ	V	Wraparound Facilitation:		
		Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Wraparound Facilitation payment rate is comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Productivity adjustments were applied to determine the total cost per billable unit of service. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Labor cost was benchmarked to market data from the U.S. Department of Labor, Bureau of Labor Statistics, and labor and BLS data were averaged if the BLS data exceed the reported labor data by a predetermined threshold.  The rate will be published at the State's website, <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a> .  The unit of service for wraparound facilitation is a monthly unit.		
		Rate Labo rates costs agen same of-liv	s were developed from the ground up using an independent rate model, which used Bureau of or Statistics data and market data. The Training and Support for Unpaid Caregivers payment are comprised of cost data obtained from the Bureau of Labor Statistics, including labor (salaries and fringe benefits), non-labor costs, and administrative overhead costs. The cy's fee schedule for Training and Support for Unpaid Caregivers service was set using the emethodology that was previously applied to the 1915(c) Aged & Disabled waiver. A cost-ving increase of 2% will be applied annually until the next rate review which will take place by 4 years. Rates are published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a> .	

TN: 19-014

State: IN

Effective: November 1, 2019 Approved: 3/5/20 Supersedes: 17-022

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	Othe	r HCBS ( <i>Specify</i> ):
For In	dividual	s with Chronic Mental Illness, the following services:
		HCBS Day Treatment or Other Partial Hospitalization Services
		HCBS Psychosocial Rehabilitation
		HCBS Clinic Services (whether or not furnished in a facility for CMI)

TN: 12-013

Supersedes: New Approval Date: 9/25/13 Effective Date: July 1, 2013

State: Indiana §19 15(i) State plan HCBS State plan Attachment 4.19-B:

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### 191S(i)State plan Home and Community-Based Services Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. (Check each that applies, and describe methods and standards to set rates):

Ш	HCBS Case Management
	HCBS Homemaker
	HCBS Home Health Aide
	HCBS Personal Care
	HCBS Adult Day Health
$\boxtimes$	HCBS Habilitation
	The agency's fee schedule for CMHW Habilitation service was set using the same methodology that applies to the
	CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on
	the agency's website at <u>www.indianamedicaid.com</u>
$\boxtimes$	HCBS Respite Care
	The agency's fee schedule for CMHW Respite Care service was set using the same methodology that applies to
	the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210 R06.02. Rates are published
	on the agency's website at www.indianamedicaid.com
	Other HCBS (Specify): Wraparound facilitation
	The agency's fee schedule for CMHW Wraparound Facilitation service was set using the same methodology that
	applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are
	published on the agency's website at <a href="https://www.indianamedicaid.com">www.indianamedicaid.com</a>
	Other HCBS (Specify): Training and Support for Unpaid Caregivers
	The agency's fee schedule for CMHW Wraparound Facilitation service was set using the same methodology that
	applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are
	published on the agency's website at <u>www.indianamedicaid.com</u>
$\boxtimes$	Other HCBS (Specify): Transportation
	The agency's fee schedule for CMHW Transportation service was set using the same methodology that applies to
	the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. All rates are
	published on the agency's website at <u>www.indianamedicaid.com</u> .

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Supersedes Approved: 9/25/13 Effective: July 1, 2013
TN: NEW

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For individuals with Chronic Mental Illness, the following services:		
		HCBS Day Treatment or Other Partial Hospitalization Services
		HCBS Psychosocial Rehabilitation
		HCBS Clinic Services (whether or not furnished in a facility for CMI)

TN: 12-013 Supersedes TN: NEW

State: Indiaua

Approved: \_9/\_25\_/\_13\_ \_ \_ <u>Effective: July 1, 2013</u>

# **Methods and Standards for Establishing Payment Rates**

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. (Check each that applies, and describe methods and standards to set rates):

	HCE	S Case Management	
	HCE	S Homemaker	
	HCE	S Home Health Aide	
	HCE	S Personal Care	
	HCE	S Adult Day Health	
	HCE	S Habilitation	
	HCE	S Respite Care	
For	Indivi	luals with Chronic Mental Illness, the following services:	
		HCBS Day Treatment or Other Partial Hospitalization Services	
		HCBS Psychosocial Rehabilitation	
		HCBS Clinic Services (whether or not furnished in a facility for CMI)	
	Othe	er Services (specify below)	
	Behavioral & Primary Healthcare Coordination (BPHC) – Tier 1 Providers (Licensed professionals, qualified behavioral health professionals & other behavioral health Professionals as defined in Attachment 3.1i Person-Centered Planning & Service Delivery.) Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private agency providers of BPHC. The agency's fee schedule rate effective on June 1, 2019 is for services provided on or after that date. All rates are published on the agency's website at <a href="www.indianamedicaid.com">www.indianamedicaid.com</a> .		
	(Cer Serv State prov prov	tified Recovery Specialists & Integrated Health Technicians as defined Attachment 3.1i ices-Behavioral and Primary Healthcare Coordination.) Except as otherwise noted in the plan, developed fee schedule rates are the same for both governmental and private agency iders of BPHC. The agency's fee schedule rate effective on June 1, 2019, is for services ided on or after that date. All rates are published on the agency's website at v.indianamedicaid.com.	

TN: 20-005

Supersedes: 18-011 Approved: Effective: October 1, 2020