



**Financial Management
Professional Interest Section Meeting**

February 10, 2022

- Welcome
- Upcoming Events
- Indiana Education Scholarship Account Program
- Industry Update

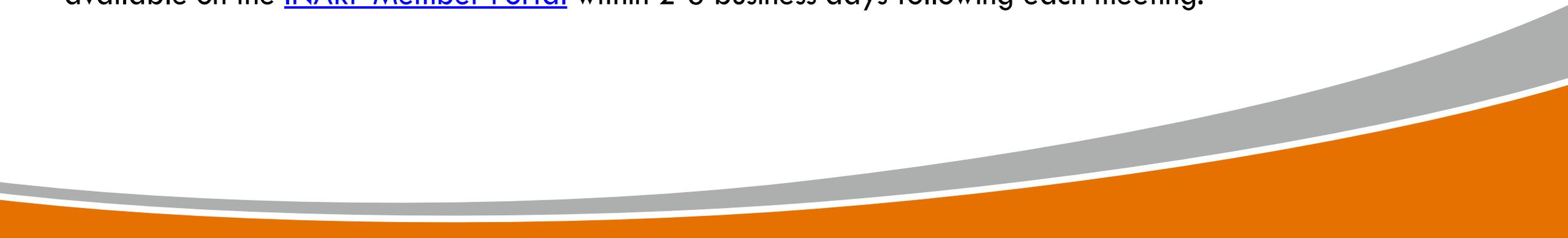
Professional Interest Section Meetings / Professional Development:

- February 10 - Human Resources (12:30-2:30 PM)
- February 17 - Child & Family Services (10 AM-Noon)
- April 21 - Community Supports (10 AM-Noon) / Employment Supports (12:30-2:30 PM)

Upcoming Member Forum and Board of Directors Meetings:

- February 25 - Member Forum / Board of Directors Meeting
- March 25 - Member Forum / Board of Directors Meeting

Registration for each meeting is available 3 weeks in advance. Recordings and materials will be available on the [INARF Member Portal](#) within 2-3 business days following each meeting.



Alicia M. Boyd, CPA
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Indiana Education Scholarship Account Program

Jaclyn A. Guglielmo, Executive Director of Indiana
Education Scholarship Account Program



INDIANA'S EDUCATION SCHOLARSHIP ACCOUNT PROGRAM

Jaclyn A. Guglielmo, Executive Director





MEET THE TEAM

Jackie
Guglielmo

Ryan
Locke

Emma
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**Bachelor of Arts in Public Policy & Law
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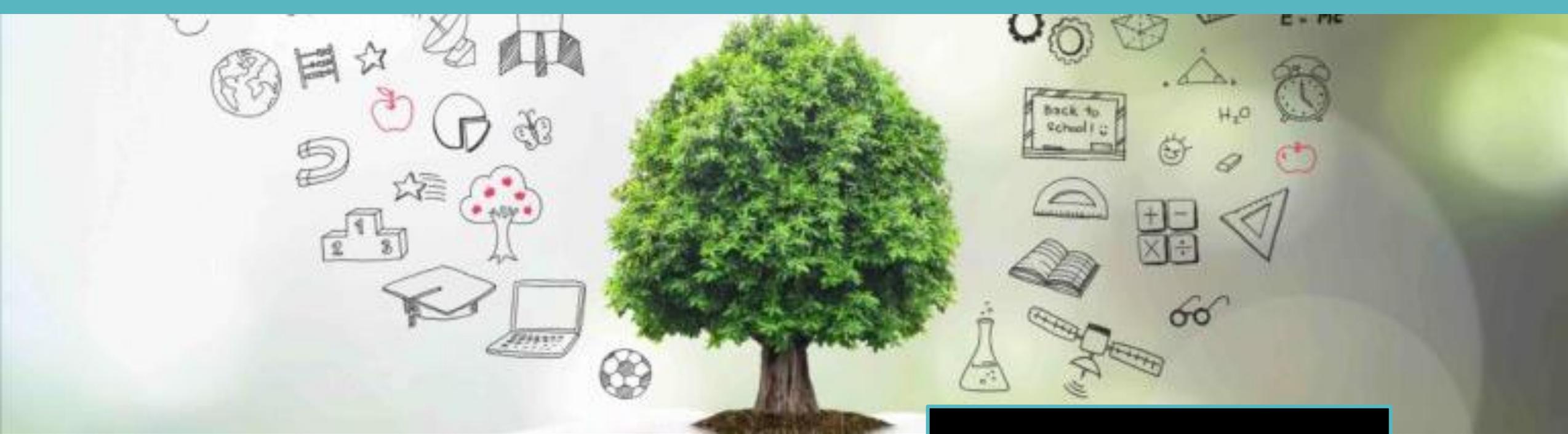
EMMA VISE PROGRAM COORDINATOR

**Bachelor of Arts of General Studies from
IUPUI**

**Former GED & ESL Teacher with
Washington Township's Adult Education
Program**

**Former Customer Service
Representative at Indiana's Professional
Licensing Agency**





INTRODUCING THE PROGRAM

Overview

Student
Eligibility

Participating
Providers

Qualified
Expenses

WHAT IS THE ESA PROGRAM ABOUT?

- The Indiana Education Scholarship Account (INESA) Program was established in 2021, and is projected to take effect in the 2022-2023 school year. This program, administered by the Treasurer of State, is another effort to promote school choice.
- It will provide Indiana's students with disabilities access to scholarship money that may be used for pre-approved educational programs, therapies, services, tuition and fees, and other expenses related to the student's education. These additional funds will help students take advantage of the educational environment that best meets their learning needs.

SCHOLARSHIPS

Scholarships can not be counted as income for a family. Therefore ESA would not compromise a family's ability to use other forms of financial aid or Medicaid waiver services.

A student may not use Indiana's Choice Scholarship Program (aka voucher program) AND the ESA in the same school year.

MEDICAID WAIVER SERVICES

- Students who are receiving Medicaid waiver may be eligible for an ESA and vice versa.
- Providers can not bill for services simultaneously through Medicaid waiver and ESA. This is double billing, and Medicaid fraud.
- ESA qualified expenses focus on educational services and therapies, while each Medicaid waiver is focused on different categories of expenses.

REAPPLICATION

- Both participating providers and students will need to reapply each year.
- Students will need to show proof that they meet the eligibility requirements by uploading documentation such as an IEP or ISP and proof of residency and income.
- Preference will be given to students who are already account holders.

FUNDING

The annual grant amount deposited into the student's ESA depends on two factors:

1. The amount of tuition support provided to their local school district per student
2. Whether the family is choosing to have their student's non public school/public school be the special education provider.

APC (SPECIAL EDUCATION) FUNDING

FIGURES FROM THE 2021-2022 SCHOOL YEAR

Level I
\$9,614

- Multiple disabilities
- Orthopedic impairment
- Deaf-blind, blind or low vision, deaf or hard of hearing
- Severe intellectual disability
- ASD, TBI
- Emotional Disability with full time placement

Level II
\$2,415

- Specific Learning Disability
- Developmental delay (ages 5-8 only)
- Mild Intellectual Disability
- Other Health Impairment
- Emotional Disability with all other placements

Level III
\$500

- Language or Speech Impairment

STUDENT ELIGIBILITY REQUIREMENTS



Legal Settlement
in Indiana

Income
requirement:
300% FRL

Student with a
Disability Who
Requires Special
Education

Student for
Whom an IEP or
ISP has been
Developed

Student between
the ages of 5
and 22 (Aug 1)

INCOME REQUIREMENT

Household Size	Household Income to Qualify
1	\$71,484
2	\$96,681
3	\$121,878
4	\$147,075
5	\$172,272
6	\$197,469
7	\$222,666
8	\$247,863
9	\$273,060
10	\$298,257

CAN STUDENTS USE THE ESA WHILE ENROLLED IN PUBLIC SCHOOL?

No. When a student is approved for an ESA, they are disenrolled from the public school. If they re-enroll in the public school, that would result in their ESA account being closed. This includes public charter schools as well.

CAN STUDENTS USE THE ESA WHILE ENROLLED IN PRIVATE SCHOOL?

Yes. If your student is already enrolled in a nonpublic school, they may apply for the ESA.

Each qualified school must apply to participate in the ESA. Once the applications have been processed for providers, we will make a list of all providers, including qualified schools, available on our website.

FAMILIES AS SERVICE PROVIDERS

- Families may continue to home educate, however curriculum and curricular materials are not approved qualified expenses.
- Therapy providers need to be individually approved by ESA staff and must present the appropriate certification, licensure or accreditation to provide that therapy.
- Immediate family are not able to pay themselves for qualified expenses.

PUBLIC SCHOOL RE-ENROLLMENT

Students may forfeit the ESA and re-enroll in the public school anytime. They must inform their ESA coordinator that they wish to terminate their account and re-enroll in the public school.

ESA Team will notify Department of Education and the pro rated funds will be redistributed back to the public school corporation.

VOUCHER PROGRAM & ESA COMPARISON

1. Eligibility
2. Qualified expenses
3. Application timeline and window
4. Funds

In addition, any unused funds from the current year can be rolled over, up to \$1,000 per year.

ELIGIBILITY

CHOICE

- Students may be eligible under one of 8 tracks
 - Special education
 - Previous Choice award
 - Previous SGO award
 - “F” public school
 - 2 semesters public school
 - Sibling
 - Pre-K
 - Foster

INESA

- Student with a disability who requires special education
- and
- For whom an IEP or ISP has been developed

BOTH

- Legal settlement in Indiana
- Income equal or below 300% FRL
- Between ages 5 and 22 (Aug 1)

QUALIFIED EXPENSES

CHOICE

- Tuition and Fees at participating Choice Schools

INESA

- Tuition and fees at a qualified school
- Statewide assessments
- Educational services for students with disability
- Paraprofessionals and educational aides
- Services contracted through public or charter school (classes, extracurriculars, programs)
- Fee for service Transportation
- Therapies and Services
- ETC...

BOTH

- Tuition and fees at nonpublic schools

APPLICATION

CHOICE

- Families apply directly through the participating Choice School
- Window 1 from Mar-Sept, Window 2 from Nov-Jan

INESA

- Families apply to the INESA program for approval
- One application window starting in June

BOTH

FUNDS

CHOICE

- At a minimum, Choice Scholarship payments are made once per semester
- The state provides payments **to the school** on the student's behalf.

INESA

- Quarterly disbursements made directly to an eligible student's ESA account.
- **Parents** of eligible students may use account funds to purchase qualified expenses from a participating entity.
- Funds may roll over, up to \$1,000 per year

BOTH

- Scholarship award is 90% of state education, plus 100% of special education funds if the qualified school is selected as the special education provider.

PARTICIPATING PROVIDERS



Qualified School

Individual Tutor or
Tutoring Agency

Individual or Agency
that provides
Services to Students
with Disabilities

Individual or Agency
that Offers a Course
or Program to an
Eligible Student

Licensed, Certified
or Accredited
Service Provider

Entities that Provide
Assessments

WHAT IS A “QUALIFIED SCHOOL?”

According to the definition from the Department of Education, a qualified school is:

A non public school,

Accredited by either the state board or a national or regional accreditation agency that is recognized by the state Board of Education,

To which an eligible student is required to pay tuition to attend, and

That agrees to enroll an eligible student

CAN A PUBLIC SCHOOL APPLY TO BE AN ESA PROVIDER?

Yes! Though students may not be enrolled in a public school while using an ESA, they may purchase qualified expenses from a participating public school, such as individual classes, extracurricular activities or programs, or additional programs, resources or staffing defined in their child's IEP or ISP.

CHARGES AND FEES

By law a provider may not charge a different rate or additional fees for a student paying for services through an ESA.

The ESA Program does not have its own fee structure. When searching for a provider, we encourage families to visit their website and inquire with the provider directly about their cost and any fees associated with services.

WHAT IF A FAMILY DOES NOT APPROVE OF THE SERVICES THEIR CHILD IS RECEIVING FROM A PROVIDER?

We encourage families to contact the provider directly to resolve any issues regarding the quality of the provider or services received.

Families are responsible for payment of services rendered, pending they meet the specifications outlined in the agreement between the family and the service provider.

SEARCHING FOR A PROVIDER

Our portal will have a search function built in where families can search for providers in their area by name and service provided. We will ask providers upon application if they provide any specialized services, and include that in our search function as well.

Through our portal, families will have the ability to “favorite” providers that they want to contact, and an option to type any notes into a text box associated with that provider’s profile.

In addition, when a family clicks on a certain provider in our portal, they will see a photo, logo, and basic information such as address, website and main point of contact.

CAN FAMILIES SIGN THEIR PROVIDER UP TO PARTICIPATE?

No. Each provider must apply to be approved to receive payments through ESA. There are a few reasons for this, mainly for validating credentials and security through the payment process.

We welcome families to let their providers know about ESA, and to encourage them to apply to participate!

PROVIDER APPLICATION

Providers identify what types of services they provide from our list of approved ESA expenses. Then, they would be required to upload documentation, such as a business license, professional license, certification or accreditation proving their scope of practice. Finally, they will be required to sign a provider agreement with conditions for the program. Our team at TOS will review the information provided and approve or deny participation.

PROVIDER APPLICATION

We anticipate providers will be able to begin applying in April 2022. Information will be posted on our website at in.gov/tos/inesa, including a link to our application portal.

QUALIFIED EXPENSES



Tuition and fees
at qualified
school

Assessments and
Examinations

Educational
services for
students with a
disability

Paraprofessionals
and educational
aides

Individual classes,
extracurricular
activities or
programs

Services and
therapies as
prescribed

Fee-for-service
transportation

Training
programs and
camps with
specific skill focus

FUND DISBURSEMENT

When a student is approved for an ESA, the family will be informed of the total annual grant amount. Funds will be deposited quarterly into the student's account.

Parents will set up the account shortly after being approved for the ESA Program. They will have access to the account through a secure, online portal. This will be the only way families may access their students funds and make payments.

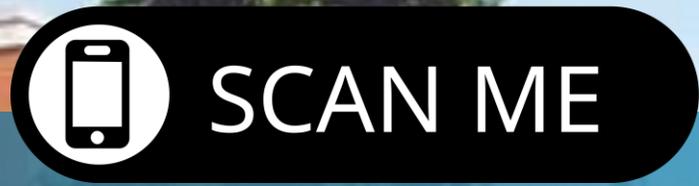
CAN THESE EXPENSES BE ACCESSED VIRTUALLY?

This year, a limited number of qualified expenses may be paid for virtually. These are educational services, Occupational Therapy provided in accordance with the student's IEP or ISP, and tuition and fees to attend training programs or camps that have a focus on a number of specific skill areas. Again, that list can be found on our website as well.

PAYMENT PROCESS

Either the family or the provider can upload the invoice produced by the provider after services are rendered. The parent then initiates payment by selecting the service provider, and inputting payment amount. Once submitted, our ESA team will review and approve all expenses paid.

Families will not be reimbursed for payments made outside of the ESA payment portal. They will not have access to any debit or credit cards associated with ESA.



THANK YOU!

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Financial Management

Industry Update

Phillip Parnell, Public Policy Analyst, INARF



Industry Update

Phillip Parnell, INARF

CIH and FS Waiver Amendments went into effect on January 1, 2022

Changes for Both Waivers

- Permanent adoption of the rate increases applicable to specific FSW/CIH services and previously approved under the Appendix K temporary flexibilities as of July 1, 2021
- Case management - service definition revised to address transition to 1915 b(4) waiver and enhanced to add clarity
 - Allowing remote option for certain case management visits – will be expanded upon in policy manual
 - Caseload cap of an average of 45 cases per full time case manager
- Remote supports - service definition and provider qualifications clarified
 - Expanded service definition (e.g. includes information about how remote supports can foster independence)
 - Allows non-paid staff (such as family members) to serve as backup support

Changes for Both Waivers

Separation of vehicle modifications from specialized medical equipment and supplies services, creating two standalone services with their own separate cap limits

- Old service definition

- CIH:

- Specialized Medical Equipment – no cap; \$500 per year for maintenance and repair
- Vehicle Modifications: \$15,000 lifetime cap; \$500 per year for repair, replacement, or an adjustment to an existing modification

- FSW:

- Specialized Medical Equipment – no cap; \$500 per year for maintenance and repair
- Vehicle Modifications – \$7,500 lifetime cap; \$500 per year for repair, replacement, or an adjustment to an existing modification

Changes for Both Waivers

Separation of vehicle modifications from specialized medical equipment and supplies services; creating two standalone services with their own separate cap limits.

New service definition:

- FSW:
 - Specialized medical equipment – lifetime cap of \$7,500; \$500 per year for service and repair
 - Vehicle modifications – \$15,000 for one vehicle every 10 year period for an individual's household; \$1,000 per year for repair, modifications, etc.
- CIH:
 - Specialized medical equipment – No service cap; \$500 per year for service and repair
 - Vehicle modifications – \$15,000 cap for one vehicle every 10 years; \$1,000 per year for repair, modifications, etc.

Changes for Family Supports Waiver

- FS waiver cap - increased from \$17,300 to \$19,614
 - To be in line with 14% rate increase
- Transportation - annual service limits increased for each level of non-medical transportation
 - As you may recall, when DDRS implemented the 14% rate increase for DSPs, there were reports of some individuals losing services due to multiple issues. DDRS increased the transportation cap to be in line with the overall FS waiver cap increase

- Announced on January 10
- Total of \$173 million for this grant program
- Currently active HCBS Medicaid providers who were also active during the COVID-19 public health emergency are eligible
- Must pass through at least 75% of the grant directly to their workforce. Examples of recommended activities include
 - Bonuses for frontline staff active during the public health emergency
 - Recruitment and retention activities
 - Hazard Pay

- Providers will receive between 7-8% of their claims' expenditures from CY 2019 or CY 2020 (the higher of the two years)
- Providers will receive payment between February and March 2022. Payments will be issued in two rounds
- Providers must complete attestation by February 18 deadline
- All payments will be issued by March 31, 2022
- Resources: [INARF HCBS Grant FAQ](#), [FSSA informational video](#), [FSSA FAQ](#), [presentation slides](#), and [Attestation form](#)

INARF HCBS Grant FAQ

INARF developed the HCBS Grant FAQ and received approval from FSSA on the document.

- Can you please define “Frontline Staff?”
 - Consistent with the US Department of Treasury Final Rule that implements the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund established under the American Rescue Plan Act, “frontline staff” are employees that provide eligible services which involve:
 - Regular in-person interactions with patients, the public, or coworkers of the individual that is performing the work; or
 - Regular physical handling of items that were handled by, or are to be handled by patients, the public, or coworkers of the individual that is performing the work.
 - In addition to direct support professionals and home health workers, the above description also includes support staff (such as cafeteria servers, housekeepers, activities personnel, therapists, case managers, etc.) that consistently interact with the individuals being served or their co-workers that have these interactions. **Also, consistent with the above, direct supervisors of employees that have direct interactions with individuals or their families are considered eligible.**

INARF HCBS Grant FAQ

- Can funds be used for management and administrative staff?
 - No these funds may not be utilized for management and administrative staff. In accordance with the American Rescue Plan Act of 2021 section 9815 and State Medicaid Directors Letter # 21-003, these grant funds are intended to support direct support professionals, home health workers and others that have regular in-person interactions with patients, their families or co-workers that provide these services. Other staff that do not have regular interactions with the people being served are not eligible.

INARF HCBS Grant FAQ

- When will grant funding be released to providers?
 - An INARF Consultant reached out to FSSA on this question and received the below response, dated February 3: “Currently we are working through all attestations that have been submitted and prioritizing those submitted by January 25th to get these grant payments out first. We are working to get these out as soon as possible and would expect this first round of payments to go out by the end of the month. ”
- What period of time does the grant cover and for which allowable expenses may be claimed as support for the grant?
 - Per State Medicaid Directors Letter # 21-003 RE: Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency, **the grant period begins April 1, 2021 and allowable expense may be claimed through March 31, 2024.**

INARF HCBS Grant FAQ

- What types of expenses are considered allowable for the 75% passthrough to frontline workers?
 - In accordance with State Medicaid Directors Letter # 21-003, providers may passthrough compensation and wages including bonuses, hazard pay, overtime pay, and shift differential pay for frontline workers as long as it has not been claimed as an allowable expense to support a grant or other support (e.g. Provider Relief Funds, State Coronavirus Relief Fund grants, etc.) FSSA is not specifically advising on how compensation and wages passed through to frontline workers should be structured as these are facts and circumstances specific with various providers or provider types having different issues.
- Do we have to wait to receive the grant funds to spend them?
 - No, since the eligible grant period began on April 1, 2021, providers do not have to wait for grant funding to provide additional compensation and wages or benefits to eligible employees. Any eligible expenses for eligible employees from April 1, 2021 through March 31, 2024 may be considered allowable grant expenditures as long as they have not been paid for by or claimed against another funding source.

INARF HCBS Grant FAQ

- Can you tell us what the audit requirements will be?
 - At this point, audit procedures and requirements have not been defined. These funds are not considered Federal Coronavirus Relief Funds but are considered Medicaid Supplemental Payments subject to Medicaid audit requirements. Any audits performed by FSSA auditors or their contractors will review compliance with the terms of the Attestation including a review of allowable expenditures in accordance with the terms of the grant. As with many of the other grant programs during the Public Health Emergency, providers who receive these funds are expected to retain documentation for a three year period after the end of the grant period to support allowable expenditures for any amounts received.

INARF HCBS Grant FAQ

- Can you provide examples of allowable expense that would count towards the 25% of the grant that is not considered a passthrough to employees?
 - Provide paid sick leave, paid family leave, and paid medical leave for home health workers and direct support professionals that are not already included in the service rate/rate methodology.
 - Purchase PPE and routine COVID testing for direct service workers and people receiving HCBS, to enhance access to services and to protect the health and well-being of home health workers and direct support professionals.
 - Conduct activities to recruit and retain home health workers and direct support professionals. Offer incentive payments to recruit and retain home health workers and direct support professionals.
 - Other examples are available on the [INARF HCBS Grant FAQ](#)

Post and Pay: tentatively working towards full implementation by summer 2022. An IHCP publication announcing the change will be released a few months in advance

[November Alt EVV Webinar FAQ](#)

Visit Verification Rate – November 2021: 96% Alt EVV, 80% Sandata

24 hour congregate care settings update:

- IHCP announced in [Bulletin BT202205](#) that it is excluding the electronic visit verification requirement in 24-hour congregate settings effective February 1, 2022
- [INARF Communication: EVV Congregate Setting Q&A](#)
- If you have questions regarding this change, email Phillip Parnell at Phillip@inarf.org

EVV Claims Update:

- OMPP ran a report to determine the amount of claims that would be denied if EVV hard edits were in place
- The report was based on the top three claim details: No EVV record with training (0950), no EVV record without training (0951), and EVV record amount does not match claim record amount (0952)
- Dates of service: December 13-December 17
- Amount of claims - \$3,271,060.20
- Over 386 providers were affected
- 90.1% of claim details hitting an EVV edit were for 0950/0951 (no EVV activity)
- 9.8% of claim details hitting an EVV edit were for 0952 (number of EVV units did not match claim units)
- If you would like to verify that your EVV records are being submitted properly, contact FSSA at EVV@fssa.in.gov



Thank you!

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Your contributions to the INARF PAC are a critical part of INARF's legislative advocacy efforts. They are used to support elected officials who serve as champions of the provider community. Please consider supporting the INARF PAC today.

For more information and to contribute, visit:

www.INARF.org/INARF-PAC



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