



# Financial Management

## **OMPP Update: Electronic Visit Verification, Provider Revalidation**

Michael Cook, Director, Provider Services Section, Indiana Medicaid

Daniel Moody, Project Manager, Indiana Medicaid Account, DXC  
Technology

# INARF Financial Management

*August 8, 2019*

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning



# Revalidation Process



# Updates on Electronic Visit Verification (EVV)



# Pilot Updates

- Issues Addressed:
  - Alt EVV users and test files
  - Sandata users and member information
  - EOB information for paid claims
  - Sandata users and Social Security Number concerns



# Communication Updates

- Recent publications:
  - *BT201942*: Sandata provider readiness
  - *BT201938*: Removal of Residential Habilitation (Daily) from EVV
  - *BT201937*: Announcement of annual fee and vendor setup fee
- Upcoming publications:
  - Updated Frequently Asked Questions (FAQ)
  - Announcement of training dates
  - Alt EVV provider readiness
  - Member letter

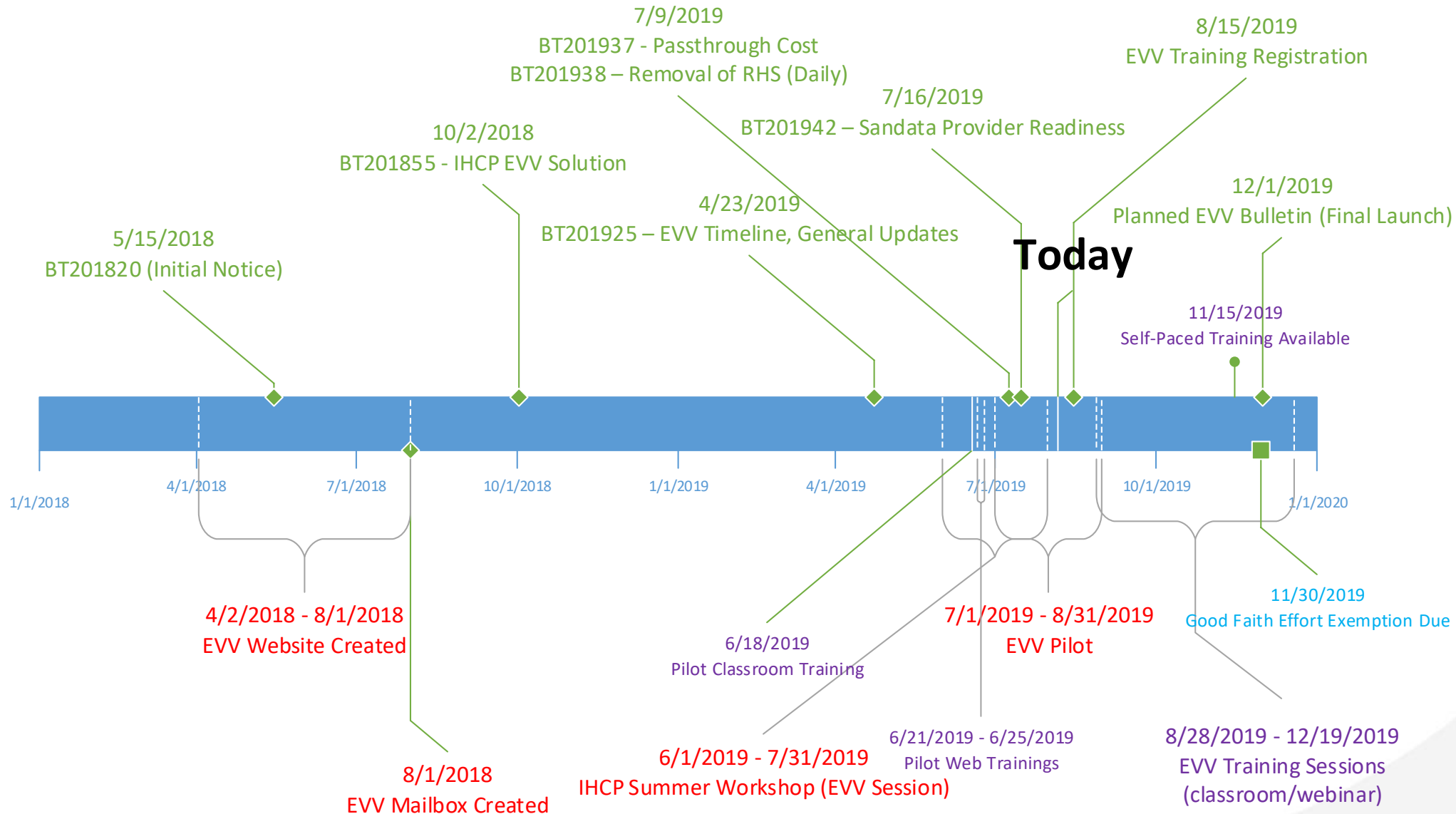


# Training Opportunities

- 23 Instructor-Led Sessions:
  - Starting August 28, 2019
  - Limit of 40 attendees per session
  - All day events
- 9 Virtual (Webinar) Sessions:
  - Starting September 17, 2019
  - Limit of 100 attendees per session
  - Two hour sessions; multiple days



## FSSA – Electronic Visit Verification (EVV) Provider Communication Timeline



# What Should Alt EVV Users Be Doing?

- Send email to [EVV@fssa.in.gov](mailto:EVV@fssa.in.gov) for testing credentials:
  - Subject: Request for EVV Vendor Certification [Vendor Name]
  - Provider name
  - Provider contact name and email address
  - Vendor name
  - Vendor contact name and email address
- Once the vendor is ready for testing, provider will request testing credentials from [INAltEVV@sandata.com](mailto:INAltEVV@sandata.com)
- With completed testing, provider will get self-paced training for the Sandata Aggregator



# What Should Sandata Users Be Doing?

- Sign up for a training session!
  - Sessions will provide your login credentials

See [BT201942](#) for a complete timeline of activity through the end of 2019.



# Questions or Feedback?

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning





# Financial Management

## **Panel Presentation: Electronic Visit Verification**

Christine Beik, Indiana MENTOR

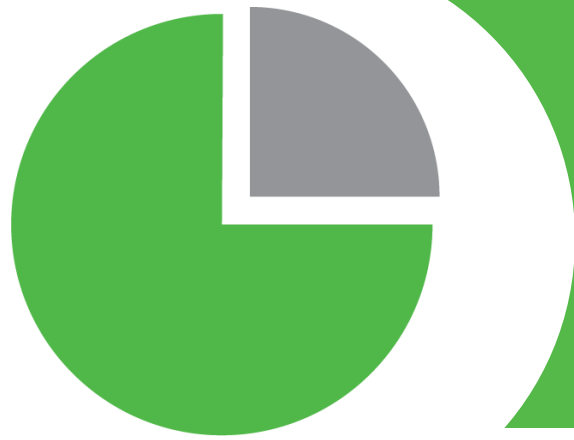
Autumn Cunningham, Hopewell Center, Inc.

Susan Hoard, Stone Belt Arc, Inc.

Pete Ratekin, New Hope of Indiana

Mohammed Sayeed, Sycamore Services, Inc.

Emily Taylor, Peak Community Services, Inc.



# Financial Management

## Industry Update

Steve Cook, President/CEO, INARF

Sarah Chestnut, Director of Public Policy and Technical  
Assistance, INARF

## Office of Inspector General Audits

More States are using waivers to alter their Medicaid program in significant ways. Oversight of State waiver programs present challenges to ensure that payments made under the waivers are consistent with regards to efficiency, economy, and quality of care and do not inflate Federal costs. We will determine the extent to which selected States made use of Medicaid waivers and if costs associated with the waivers are efficient, economic, and do not inflate Federal costs. We will also look at Centers for Medicare & Medicaid Services oversight of State Medicaid waivers.

## Indiana OIG Audit: CIH Waiver and NEMT

- DDRS said OIG has been in the State for 10 months
- OIG indicated that 12 providers were selected and that they plan to start in Indianapolis and work outward geographically
- Selection appears to be based on volume of individuals served
- Our members who are part of the audit include:
  - Benchmark Human Services
  - Dungarvin Indiana, LLC
  - Easterseals Arc of Northeast Indiana
  - IPMG, Inc.
  - Indiana MENTOR
  - New Hope of Indiana
  - ResCare, Inc.
  - Residential CRF, Inc.

## Examples of OIG Findings

- We recommend that Virginia (1) refund to the Federal Government \$7.7 million for administrative costs that were not identified in the CAP and (2) reclassify \$2.3 million (\$1.2 million Federal share) in administrative costs that directly benefited Virginia's CHIP program and not the waiver program.
- In eight previous audits, we identified instances in which State Medicaid agencies did not always comply with Federal requirements in administering their Home and Community-Based Services (HCBS) waiver programs. Specifically, we found that State agencies did not always exclude unallowable room-and-board costs when determining payment rates under the HCBS waiver program, resulting in unallowable Medicaid reimbursement

# Public Policy Update

## Examples of OIG Findings

- Kentucky did not fully comply with Federal waiver and State requirements in **overseeing providers** that serve vulnerable adults receiving adult day health care services through the program. Of the 20 providers that we reviewed, 12 did not comply with 1 or more **health and safety requirements**, and 10 did not comply with 1 or more **administrative requirements**. We found 63 instances of provider noncompliance, including 26 instances of noncompliance with health and safety requirements. The remaining 37 instances related to administrative requirements, some of which could significantly affect health and safety.
- Kentucky did not fully comply with Federal waiver and State requirements because its **annual inspections of facilities were insufficient to ensure a continuously safe and nonhazardous environment**. Officials stated, however, that Kentucky improved monitoring in April 2018 by modifying its provider recertification process to include annually reviewing all providers and completing a certification tool during an announced site visit to each provider.

## Examples of OIG Findings

- Four States did not comply with Federal waiver and State requirements in overseeing centers and homes. Our reviews found violations of health and safety and administrative requirements at 96 of the 100 centers and homes reviewed. Specifically, we found **1,141 instances of noncompliance with health and safety and administrative requirements.**
- State officials in Minnesota, Wisconsin, and Mississippi said that **most instances of noncompliance occurred because of low staffing levels that limited the States' oversight and monitoring of facilities and because of insufficient training on State requirements.** State officials in Illinois and Minnesota said that the **absence of templates for State-required administrative records and unclear State requirements** contributed to noncompliance with numerous health and safety and administrative requirements. Noncompliance with health and safety and administrative requirements puts vulnerable adults in the care of the centers and homes at risk.

# Public Policy Update

## DDRS Wellness Coordination Audits

- DDRS is conducting audits of Wellness Coordination services
- Three members have notified us of audits
- Questions focused on routine checks of the OIG [List of Excluded Individuals/Entities](#) to ensure individuals on the list are not hired
  - Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties

# Public Policy Update

## Department of Workforce Development First Steps Contractor Audits

- INARF Members made staff aware of DWD audits being done at non-member agencies specifically around the use of contractors
- INARF staff asked Christina Commons about the audits and she was only aware that they were occurring, but had no additional details
- If your agency has been contacted by DWD regarding an audit or any questions about contractors, please email [Katy@inarf.org](mailto:Katy@inarf.org).

# Public Policy Update

## Indiana State Police updated the Limited Criminal History check system on May 31

- Includes additional data fields “to provide more conclusive and accurate results”
- Three results are possible from this system:
  - ON FILE – Criminal Record Found in Indiana
  - NOT ON FILE (INCONCLUSIVE RESULTS) – It is recommended that a fingerprint-based check be completed
  - NO RECORDS FOUND – No Criminal Record Found in Indiana
- Completeness of the information is based upon county participation
- They have not provided written criteria in which fingerprinting recommended
- The costs associated with fingerprinting are the responsibility of the applicant and/or the employer seeking the limited criminal history
- A Limited Criminal History can also be obtained by mailing a request form and money order to the Indiana State Police

# Public Policy Update

## IHCDA RFP for Housing for People with IDD using Technology

- 2 respondents will be selected
- Responses due by September 30, anticipated selection announcement in November
- Initial housing proposal to include:
  - Reserve 20-25% of the units for households in which at least one household member has an intellectual or developmental disability.
  - Proposed concept for incorporating adaptive technology, artificial intelligence, and smart home technology into the development to improve quality of life and independence for all residents, not solely for persons with disabilities.
  - A proposed concept for an additional innovative aspect of the development related to something other than serving persons with intellectual or development disabilities and utilizing adaptive/smart home technologies and artificial intelligence.
  - A service delivery plan for connecting residents with supportive services
- Mandatory workshops with IHCDA, DDRS, ESN, and the subject matter experts to finalized development concept
- Respondents will submit a noncompetitive RHTC application under the IHCDA General Set-aside in the summer of 2020

# Public Policy Update

## Monthly DDRS Communication Meeting

- Provider quality
  - Quality assurance/improvement – Ensure compliance with requirements in 460 IAC 6-10-10
    - Assess appropriateness of services
    - Data collection and analysis
  - Staff training – Assure staff are trained in accordance with 460 IAC 6-14-4
    - DDRS renewing focus on training regarding individual rights, person-centered thinking/service delivery, and identifying individual outcomes and progress
  - BSPs – If IST determines restriction needed, document efforts to replace targeted behavior, reason for restriction, and how restriction is designed to prevent harm
- Provider Financial Stability/Provider at Risk Protocol
  - Review requirements in 460 IAC 6-11

# Public Policy Update

## Provider Reapproval Workgroup

- Rebranding as Provider “Reverification”
- Reviewed 2 draft policies: one process for accredited waiver services every four years and a different process for non-accredited waiver services every two years

# PROVIDER REVERIFICATION FOR ACCREDITED WAIVER SERVICES

- BDDS issues initial approval
- Before the 1 year anniversary of approval as a BDDS provider, the provider must submit to BDDS evidence of accreditation survey dates scheduled with a DDRS approved national accreditation body for each applicable service
- Within 10 weeks following the accreditation survey date(s), the provider will submit to BDDS all accreditation documentation including, but not limited to, the accreditation award letter and survey report
- In addition, beginning the first year of approval, and every 4 years thereafter, BDDS will review longitudinal and trend analysis of data, including but not limited to the following topics:
  - a. Complaint investigations;
  - b. Incident reports;
  - c. Mortality reviews; and
  - d. Any outstanding issues that endanger the health or safety of an individual receiving services from the provider - this would include corrective actions plans, and sanction.
- Annually, provider will submit the following to BDDS for review:
  - 1. Confirmation of location(s), contact information, and approved services;
  - 2. Current organizational chart;
  - 3. Secretary of State documentation;
  - 4. Financial documentation to demonstrate provider's financial stability to deliver services without interruption for at least two (2) months without payment
  - 5. Insurance documentation;
  - 6. Annual accreditation status report
  - 7. Report of consumer satisfaction surveys, findings and documentation of efforts (or planned efforts) to improve service delivery in response
  - 8. New policies and/or policies with substantive revisions since the previous year
- Based on a review of the above data, BDDS will issue notification of sanctions, if any, that must be addressed prior to issuance of reverification of provider status to the provider of accredited services. If none, BDDS will issue notification of reverification and the term.

# PROVIDER REVERIFICATION FOR NON-ACCREDITED WAIVER SERVICES

## Public Policy Update

- BDDS issues initial approval
- Beginning the first year of approval, and **every 2 years** thereafter, BDDS will review longitudinal and trend analysis of data, including but not limited to the following topics:
  - Complaint investigations;
  - Incident reports;
  - Mortality reviews;
  - Any outstanding issues that endanger the health or safety of an individual receiving services from the provider, this would include corrective actions plans, and sanctions; and
  - Annual surveys of individual satisfaction, including records of findings and documentation of efforts (or planned efforts) to improve service delivery in response to the surveys.
- Based on a review of the above information, BDDS will issue notification of sanctions, if any, that must be addressed prior to issuance of reverification of provider status. If none, BDDS will issue notification of reverification and the term.
- Annually, provider will submit the following to BDDS for review:
  1. Confirmation of location(s), contact information, and approved services;
  2. Current organizational chart;
  3. Secretary of State documentation;
  4. Financial documentation to demonstrate provider's financial stability to deliver services without interruption for at least two (2) months without payment
  5. Insurance documentation;
  6. Annual accreditation status report
  7. Report of consumer satisfaction surveys, findings and documentation of efforts (or planned efforts) to improve service delivery in response
  8. New policies and/or policies with substantive revisions since the previous year

# Public Policy Update

## CIH and FS Waiver Renewals

- Waivers will expire March 31, 2020 – DDRS drafting renewal applications
- INARF provided informal feedback to DDRS on several of their “tweaks”:
  - Appreciate addition of Electronic Monitoring & Home Modifications to FSW
  - Combine Community Habilitation and Facility Habilitation into single Habilitation service to allow flexibility for individual and service provider
  - Remove productivity/earnings calculations from qualifications for pre-vocational services
  - Rename Electronic Monitoring and broaden the service definition to include artificial intelligence, telemedicine, use of sensors and cameras, etc.
  - Clarify difference between Extended Services and re-added Supported Employment Follow Along service and eliminate time limit of SEFA
  - Increase caps on Specialized Medical Equipment, Environmental Modifications, and Transportation
  - In waiver redesign, add RHS reimbursement for time when staff is asleep
  - The formal public comment period on the proposed FS waiver and CIH waiver renewal applications is set to occur in October

## Waiver Redesign

- INARF submitted an 11 page concept paper along with several additional supporting documents from the Membership Development Committee and additional research and concepts from technical assistance staff
- Structured Family Caregiving Workgroup meeting monthly
- Employment Array Workgroup meeting monthly
- Institutional Modernization Workgroup

## Waiver Redesign

- HSRI attended the July Employment Array workgroup meeting
- “Discovery and Research” phase – HSRI is now focused on researching innovations and promising practices in other states
- The next major step in the timeline will be task number 4 “Findings/Outline Approach” – HSRI will develop findings from the discovery and research phase and provide a concept paper outlining their recommended approach for Indiana IDD waivers sometime within the September through November 2019 timeframe
- HSRI will present their findings and recommended approach to the DDRS Advisory Council this fall

# Public Policy Update

## Children's HCBS Waiver

- FSSA gathered stakeholders and State agencies to share feedback on important factors to consider when developing a Children's HCBS waiver
- The stated goal of a creating a Children's waiver is to “provide children and their families with opportunities, informed choice, services and supports that meet their unique needs, coordinated access to supports, and a person-centered strength-based system”
- Most of the meeting was spent brainstorming what an ideal waiver would include as well as the barriers to current services including access, time, workforce shortage, and rates

## Children's HCBS Waiver

- Children and Youth Ages 0-22 currently supported by Indiana Medicaid Waivers = 12,749

Waiver	Children Served
FSW	9,548 (74.9%)
A&D	1,368 (10.7%)
CMHW	1,100 (8.6%)
CIHW	709 (5.6%)
TBI	24 (0.2%)

# Public Policy Update

## Ability Indiana Activities

- In May, Ability Indiana was notified that an RFP would be released for janitorial services at all State rest areas, which are currently serviced by Certified Ability Indiana Organizations (CAIO)
- CAIOs submitted competitive bid packets mid-June
- The bid tabulation was made public at the beginning of July and 9 of the 10 CAIOs that submitted bids will be awarded the two-year contracts beginning September 1, 2019. All rest area contracts remain with CAIOs
- Contracts represent approximately 85 jobs for individuals with disabilities, with an average wage of over \$9/hr, and approximately \$4.6M in total contracts

# Public Policy Update

## Ability Indiana Activities

- In July, INDOT notified Ability Indiana of their plan to roll current contracts for janitorial services at INDOT District and Sub-district office buildings into an existing Nishida contract held by IDOA
- Current contracts end August 30, 2019
- Contracts represent approximately 13 jobs, with an average wage over \$9/hr, and approximately \$381K in contracts
- INDOT has asked CAIOs to extend their contracts through October 31, 2019, when the Nishida contract ends. One organization has declined to extend their contract.
- INARF staff has engaged Hall Render to draft a letter to INDOT and IDOA from Ability Indiana requesting clarification of how this absorption of the District office contracts into an existing contract is compliant with the State Use law in IC 5-22.
- Hall Render explained the Indiana Code around procurement has a lot of ambiguity and loop holes that we may need to address legislatively

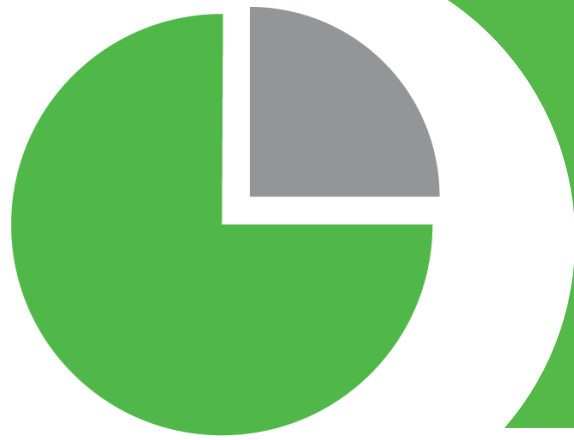
## Federal Update

- Raise the Wage Act
  - Passed the House in a 231-199 vote
  - Would raise the minimum wage to \$15 by 2025
  - Would phase out subminimum wages (14c) within six years to meet the \$15 federal minimum wage requirements
  - According to ANCOR, in the Republican-held Senate, consideration and passage of the bill are unlikely at this time
  - Congressional Budget Office projected the hike would lift 1.3 million people out of poverty, but would also cost the U.S. 1.3 million jobs by 2024

# Public Policy Update

## BDDS Quality Services RFP

- Current Contract
  - Advocare, \$7.9 million
  - Dates: 9/1/2017 - 3/31/2020
- RFP
  - 4 year contract with option for 2 one year renewals
  - Includes incident reporting and management, complaint processing, validation/sanction activities, case record reviews, **quality on-site provider reviews**, mortality reviews, **provider technical assistance and education, and provider training**
  - Implement web-based system for provider document upload and state data import and state employee data review
  - Vendor will be doing more provider interaction through site visits, technical assistance, and training
  - Anticipated contract award: October 2019



# Financial Management

## Section Discussion

Tom Franke, Developmental Services, Inc.  
Bobbie Harsh, Residential CRF, Inc.



# Thank you!

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