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 www.indianamedicaid.com .
	HCBS Homemaker
	HCBS Home Health Aide
	HCBS Personal Care
V	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 www.indianamedicaid.com .
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 www.indianamedicaid.com .
	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 www.indianamedicaid.com .
For	Individuals with Chronic Mental Illness, the following services:
	☐ HCBS Day Treatment or Other Partial Hospitalization Services

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		HCBS Psychosocial Rehabilitation
		HCBS Clinic Services (whether or not furnished in a facility for CMI)
V	Othe	er Services (specify below)
	Exce gove agen date.	rapy and Behavioral Support Services ept as otherwise noted in the plan, state developed fee schedule rates are the same for both ernmental 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 www.indianamedicaid.com .
		apy and Behavioral Support Services – Individual Setting
	Ther 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)
	Ther Setti	apy and Behavioral Support Services – Family/Couple without Recipient Present (Group ng)
	Exce gove effec	cept as otherwise noted in the plan, state developed fee schedule rates are the same for both remental and private agency providers of Addiction Counseling. The agency's fee schedule stive on October 1, 2018, is for services provided on or after that date. All rates are published the agency's website at www.indianamedicaid.com .
	Add Add Add Add	action Counseling – Individual Setting Section Counseling – Family/Couple with Recipient Present (Individual Setting) Section Counseling – Family/Couple without Recipient Present (Individual Setting) Section Counseling – Group Setting Section Counseling – Family/Couple with Recipient Present (Group Setting) Section Counseling – Family/Couple without Recipient Present (Group Setting)

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 www.indianamedicaid.com.

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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 www.indianamedicaid.com.

Medication Training and Support – Individual Setting

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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)

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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
	The Habilitation payment rate is a prospective fee-schedule rate that is based on cost and market data. The rate is comprised of cost data obtained from providers, 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 Habilitation service in the former 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Transition Waiver. The agency's fee schedule rate will be set as of July 1, 2018, and will be effective for services provided on or after that date. Rates are published on the agency's website at www.indianamedicaid.com .

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HCBS Respite Care

The respite care payment rates are prospective fee schedule rates that are based on cost and market data. The rates are comprised of cost data obtained from providers, 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 adjustment was included in the rates to adjust costs from the cost period to the rate period. 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. Per CMS guidance, the rate will be reviewed at least every five years and adjusted as necessary to assure the rate is economic and efficient.

The agency's fee schedule rates will be set as of July 1, 2018 and will be effective for services provided on or after that date. The rates will be published at the State's website, www.indianamedicaid.com.

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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	2) Respite care provided for ten (10) to twenty-four (24) hours per day is based on a daily unit of service.3) Crisis respite care provided for eight (8) to twenty-four (24) hours per day is based on a daily		
		of service.	
For I	ndivid	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)	
V	Othe	r Services (specify below)	
	Wra	paround Facilitation:	
	The wraparound facilitation payment rate is a prospective fee schedule rate that is based of and market data. The rate is comprised of cost data obtained from providers, including lab (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Product adjustments were applied to determine the total cost per billable unit of service. A cost of adjustment was included in the rate to adjust costs from the cost period to the rate period. 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 by a predetermined threshold. Per CMS guidance, the rate will be reviewed at least every and adjusted as necessary to assure the rate is economic and efficient. The agency's fee schedule rate will be set as of July 1, 2018 and will be effective for servity provided on or after that date. The rate will be published at the State's website, www.indianamedicaid.com. The unit of service for wraparound facilitation is a monthly unit. Training and Support for Unpaid Caregivers:		
	The Total that a provide overhouses the Unpa (PRT) be eff	Training and Support for Unpaid Caregivers payment rates are prospective fee-schedule rates are based on cost and market data. The rates are comprised of cost data obtained from iders, including labor costs (salaries and fringe benefits), non-labor costs, and administrative nead costs. The agency's fee schedule for Training and Support for Unpaid Caregivers service set using the same methodology that was previously applied to Training and Support for aid Caregivers service in the former 1915(c) Psychiatric Residential Treatment Facilities (F) Transition Waiver. The agency's fee schedule rate will be set as of July 1, 2018, and will fective for services provided on or after that date. Rates are published on the agency's site at www.indianamedicaid.com .	

TN: 19-014

State: IN

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State:	Indiana

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□ Ot	her HCBS (<i>Specify</i>):
For Individ	uals with Chronic Mental Illness, the following services:
	HCBS Day Treatment or Other Partial Hospitalization Services
	HCBS Psychosocial Rehabilitation
100	
	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

Supersedes: 12-013 Approval Date: Effective Date: July 1, 2023

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):

	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 Habilitation service in the CMS approved 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Transition
	Waiver, CMS Control Number IN.03.R02.00. Rates are published on the agency's website at www.indianamedicaid.com
\boxtimes	HCBS Respite Care
	The agency's fee schedule for CMHW Respite Care service was set using the same methodology that applies to
	Respite Care service in the CMS approved 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Transition
	Waiver, CMS Control Number IN.03.R02.00. Rates are published on the agency's website at
	www.indianamedicaid.com
\boxtimes	Other HCBS (<i>Specify</i>): Wraparound facilitation
	To calculate the monthly Wraparound Facilitation CMHW case rate, the State analyzed the recent monthly
	utilization for both Wraparound Facilitation and Wraparound Technician services provided in the Community
	Alternative to Psychiatric Residential Treatment Facilities (CA-PRTF) Demonstration Grant (CMS Control Number
	IN.03.R01.05). The average utilization was multiplied by the CA-PRTF unit cost for Wraparound Facilitation
	(\$28.75 per 15-minute unit). The final monthly rate was reduced by 10% to reflect efficiencies associated with
	reduced documentation requirements due to completing monthly documentation versus daily/per contact
	documentation. Rates are published on the agency's website at www.indianamedicaid.com Other HCBS (Specify): Training and Support for Unpaid Caregivers
	() ()
	The agency's fee schedule for CMHW Training and Support For Unpaid Caregivers service was set using the
	same methodology that applies to Training and Support For Unpaid Caregivers service in the CMS approved
	1915(c) Psychiatric Residential Treatment Facilities (PRTF) Transition Waiver, CMS Control Number
	IN.03.R02.00. Rates are published on the agency's website at www.indianamedicaid.com Other HCBS (<i>Specify</i>): Transportation
	Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and
	private agency providers of CMHW Transportation. The agency's fee schedule rate effective on July 1, 2023, is for
	services provided on or after that date. All rates are published on the agency's website at
	www.indianamedicaid.com.

TN: <u>22-0016</u> Supersedes TN: <u>12-013</u>

Approved: June 27, 2023 Effective: July 1, 2023

State: Indiana

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	HCBS Psychosocial Rehabilitation
	HCBS Clinic Services (whether or not furnished in a facility for CMI)

TN: <u>12-013</u> Supersedes TN: <u>NEW</u>

Approved: 9/25/13

Effective: July 1, 2013

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):

	HCB	S Case Management	
	HCB	S Homemaker	
	HCB	S Home Health Aide	
	HCB	S Personal Care	
	HCB	S Adult Day Health	
	HCB	S Habilitation	
	HCB	S Respite Care	
For l	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)	
Ø		er Services (specify below)	
		vioral & 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.)		
		pt as otherwise noted in the plan, State developed fee schedule rates are the same for both	
		rnmental and private agency providers of BPHC. The agency's fee schedule rate effective on	
		1, 2019 is for services provided on or after that date. All rates are published on the agency's ite at www.indianamedicaid.com .	
		vioral & Primary Healthcare Coordination (BPHC) – Tier 2 Providers	
		ified Recovery Specialists & Integrated Health Technicians as defined Attachment 3.1i	
	Services- Behavioral and Primary Healthcare Coordination.) Except as otherwise noted in the plan, State 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	
	WWW	v.indianamedicaid.com.	

TN: 20-005

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