Residential Meeting Minutes

Date: 7/7/22

**IMD Memo and Information related to OMPP Designation – Natalie Angel (OMPP):**

Certain facilities that serve foster children in Indiana, including many qualified residential treatment programs (QRTPs), may meet the federal definition of an IMD and are part of IMD payment exclusion requirements. For Medicaid members in an IMD, no federal funds may be used to provide care, including medical or behavioral health care that the child may receive outside of the facility.  
  
Indiana has chosen to continue to reimburse providers for these valuable services using state funds. The DCS-IMD program will allow providers to continue to care for children with very little disruption.

The FSSA-Office of Medicaid Policy and Planning (OMPP) is responsible for making this determination based on federal guidance as explained above. OMPP staff will be reviewing information for each residential facility to make this determination. That review process is being developed and will take place between July-November 2022. OMPP will be working internally with DCS to complete these designations and intends to not need additional information from residential providers to do so.

The same medical services that are covered today will continued to be covered under the DCS-IMD program. These services are generally referred to as Package A and include the full benefit coverage that children have today. These services includes Medicaid Rehabilitation Option (MRO) and all behavioral health services. Providers should not expect any big changes. Providers will not be asked to create benefit packages, as this will be done through DCS OMPP staff. Providers will submit their items the same way and get same payments.

There will be an appeals process in place for providers to utilize if they believe they have been designated incorrectly. It is possible a waiver will be approved if a provider staff a child with DCS that flags exclusionary criteria. A provider will be given sixty (60) days notice to notify DCS that they are not a provider with IMD status.

For providers who have existing relationships with CMHCs to provide services to youth in their care, it is not required or necessary for these relationships to cease. If this arrangement is beneficial to children and assists with positive outcomes, it might make sense to keep them in place. Agencies are also not required to have these relationships in place.

**Medicaid Dental Providers for Youth in Foster Care – Scott Piller, FSSA:**

Scott Piller (FSSA/OMPP Provider Relations) in June 2022 has joined a panel of Dental Providers. Want to ensure that providers and agencies are aware of dental services available for foster youth.

Information on orthodontic services can be found in the [Dental Services](https://www.in.gov/medicaid/providers/files/dental-services.pdf) module with Indiana Medicaid.  Orthodontic services have not changed at this time, but Indiana Medicaid is looking at updating our coverage.  The current changes are only affecting how dentists can bill for the services.

**For information please reference the following link:** [**https://www.in.gov/medicaid/members/**](https://www.in.gov/medicaid/members/)

Questions? Please contact:

[OMPProviderRelations@fssa.IN.gov](mailto:OMPProviderRelations@fssa.IN.gov)

**Referral Staffing for Youth – Ruth Sobieralski:**

The Clinical Services team has noticed that sometimes youth referrals to residential are either missing information or the information included is outdated. For example, a behavior 7 years ago that might be interpreted as sexually inappropriate behavior but since then the youth has been further assessed and it is not recommended for them to receive any sort of SMY treatment. Sometimes this second part is left out and residential programs are only seeing the part about the behavior and basing acceptance/denial decisions based on that.

Ruth is wondering if there is a way to mitigate this concern or for additional information to come from other teams to provide clarity (i.e. why the youth appears appropriate for the program they are being referred to).

The question is how to assure that youth are receiving accurate care for the youth?

Suggestions:

1. Do a quick evaluation of the youths’ case between DCS and Provider staff to highlight the needs of youth and possible courses of action.
2. Ask DCS to highlight case to get various staff input to decide the path for youth. This will help prevent referrals being lost in the flow of the high mass of referrals being received.
3. If a waiver would be needed for a youth to be accepted into the identified program, Clinical and Licensing can help work through that process.
4. Open discussion with someone who has had longer term contact with the youth and interviews can also help.

**After Care Monthly Reports – Whitney Vowels:**

Provider desk guide was updated in Fall 2022 with a label for uploading Aftercare Monthly Reports. Aftercare is on page 13 of the provider desk guide. Please see the link below:

[Provider-Desk-Guide-for-Attaching-Case-Documentation-10-8-21.pdf](https://www.in.gov/dcs/files/Provider-Desk-Guide-for-Attaching-Case-Documentation-10-8-21.pdf)

**Reminder QRTP and Adherence to plans proposed during QRTP Designation – Rick Steigerwalt:**

Brief reminder to agencies to please notify your Residential Licensing Specialist if you have fallen out of compliance with your approved QRTP Designation plan, or are at risk of doing so. The contract requires that agencies keep DCS apprised of their compliance status. Some recent areas that have been identified related to this are: compliance with the stated nursing plan, etc.

**License or Program Changes – Blake Hudson:**

If your agency is considering any license or program changes, please make your Residential Licensing Specialist aware sooner rather than later.

Changes to licenses can includes:

1. Changing the agency name
2. Changing program/unit/license capacity
3. Administrative staff change
4. Program changes (i.e. adding new programs, making large changes to current programs, etc.)

When you contact your Licensing Specialist they will be able to help determine a road map to making these changes and what will be required (i.e. an updated license application, a new program proposal, etc.).

**Services Hub – Whitney Vowels:**

A sincere thank you from DCS staff to ESC Provider staff for their diligence in keeping their bed availability updated in the Service Hub. Good work! In the future, the Service Hub usage will be expanded to Bed Availability updates from all program types. There are also ongoing conversations currently about how to expand Services Hub access to probation departments.

**Emergency Shelter Care – Whitney Vowels:**

Private Secure Agencies are currently having bi-weekly meetings with DCS as a group. Looking to expand this and have dedicated meetings with ESC providers as well. Be on the lookout for this invitation.

**Residential Open House Event:**

Two Residential Open House Events are scheduled in the coming weeks: July 28th and August 2nd. Many residential providers are scheduled to open their doors to DCS and probation staff to give tours, explain services, etc. This event was a collaboration between IARCA and DCS Field. There are plans to make this an annual event. For more information please visit:  <https://www.iarca.org/residentialopenhouse/home>

 Next residential meeting is August 4, 2022 from 2 to 3 EST.