



*"People
helping people
help
themselves"*

Mitchell E. Daniels, Jr., Governor
State of Indiana

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To: Consumers, providers and stakeholders who support individuals with disabilities
From: Peter Bisbecos, Director, Division of Disability and Rehabilitative Services
Re: **Update: Bringing Individuals Living in an Institutional Setting into Waiver Services**
Date: July 14, 2009

Reminder: Friday, March 13, 2009 the Indiana Family and Social Services Administration's (FSSA) Division of Disability and Rehabilitative Services (DDRS) suspended the rollout of the Objective Assessment System for Individual Supports (OASIS). The release of allocations under OASIS remains under temporary suspension until further notice and information will continue to be released as it becomes available.

This information replaces the bulletin previously sent today and includes information on bringing consumers who currently live in an institutional setting into a Home and Community Based Services (HCBS) Medicaid Waiver setting. Institutional settings include, but are not limited to:

- Intermediate Care Facility for the Mentally Retarded (ICF/MR)
- Non-State Intermediate Care Facility for the Mentally Retarded (Large Private ICF/MR)
- Aging out of Residential Setting Funded by the Department of Education (DOE) or Division of Child Services (DCS)
- State Operated Facilities (SOF)

This bulletin is in reference only to consumers currently residing in a Nursing Facility, ICF/MR, State Operated Facility, etc. who were initially identified, targeted, and scheduled to transition into community placements, but the placement was interrupted due to the suspension of OASIS. These previously targeted individuals are now eligible to exit their current setting. This bulletin does not apply to all individuals of the noted settings above. Only those individuals whose transition was interrupted.



Beginning July 1, 2009, targeted consumers living in institutional settings will start the process of moving into waiver services. This transition will occur by the same process as all consumers new to waiver services. First, the local Bureau of Developmental Disabilities Services (BDDS) office will establish eligibility and Level of Care (LOC). Next, the consumer will be contacted by an Indiana Professional Management Group (IPMG) Case Manager who will begin the Person-Centered Planning (PCP) process.

Reimbursement rates for individuals who have moved from an institutional setting into waiver services during the first year of service are listed in the chart on the following page. The amounts are based upon either the consumer's living situation or Level of Care (LOC) determination. The Support Team will work to plan the individual's needed services for the first year within the consumer's established budget as identified in the chart below. Services will be provided using Uniform Rates, which are located in the DDRS archive online at:

http://www.in.gov/fssa/files/DDRS_Chart_of_HBCS_Waiver_Svcs_Rates_0109.pdf.

Reimbursement for individuals moving from an institutional setting into waiver services (applies only to year one in services):

1. Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Daily Rate	Annualized Cost
Sheltered Living	\$166	\$60,590
Intensive Training	\$192	\$70,080
Developmental Training	\$210	\$76,650
Child Rearing	\$245	\$89,425
Child Rearing with Specialized Program	\$248	\$90,520
Basic Developmental	\$246	\$89,790
Small Behavioral Management Residences	\$293	\$106,945
Small Extensive Medical Needs	\$328	\$119,720
Extensive Supports Needs (ESN) Homes	\$400	\$146,000

2. Non-State Large Private ICF/MR	Daily Rate*	Annualized Cost*
Arcadia Developmental Center	\$200	\$73,000
Golden Living Center—North Willow	\$200	\$73,000
Hickory Creek at Gaston	\$200	\$73,000
Aging out of Residential Setting Funded by the Department of Education (DOE) or Division of Child Services (DCS)	\$200	\$73,000
Nursing Facility	\$200	\$73,000

* An individual may leave a facility at the rate on this chart. Prior to community placement, the Support Team may request a new LOC determination if the amount listed (Non-State Large Private ICF/MR, section 2) does not support the individual's health and safety. If this option is

chosen, the Central Office LOC Unit will review all collateral information to identify and assign the appropriate LOC for service planning from the choices listed above (ICF/MR, section 1).

3. State Operated Facility (SOF)	Daily Rate**	Annualized Cost**
Evansville State Hospital	\$166-400	\$60,590 – 146,500
Larue Carter Hospital	\$166-400	\$60,590 – 146,500
Logansport State Hospital	\$166-400	\$60,590 – 146,500
Madison State Hospital	\$166-400	\$60,590 – 146,500
Richmond State Hospital	\$166-400	\$60,590 – 146,500

**For individuals leaving an SOF, the Central Office LOC Unit will identify and assign the appropriate LOC for service planning from the choices listed above (ICF/MR, section 1).

Reimbursement for individuals moving from an Institutional setting into waiver services (year two in services and forward):

After a consumer has been in community services for six (6) months, a clinician from Arbitré Consulting Services will begin working with the consumer (and identified respondents) to complete an Inventory for Client and Agency Planning (ICAP) Assessment and Addendum Questions. A combination of the ICAP Assessment, Addendum Questions, and other inputs will be used to determine the consumer’s annual budget beginning with the second year of services.

Help Line Resources:

Your feedback is very important to us. As always, if you have any questions or concerns you may continue to contact us through the following resources:

OASIS-ICAP Help Lines: (317) 234-5222 or 1-888-527-0008

Email: OASIS-ICAPHelp@fssa.in.gov

DDRS Website: www.ddrs.IN.gov

DDRS Bulletin Archive: <http://www.in.gov/fssa/ddrs/3350.htm>

Thank you.

Reference #: OA20090714REV