

# Home- and Community-Based Services Settings Requirements

Member Information Pamphlet



**State of Indiana**

**Family and Social Services Administration**

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## What is HCBS?

In March 2014, the U.S. Centers for Medicare and Medicaid Services passed the “HCBS Settings Final Rule.” The rule is meant to ensure that individuals receiving home and community-based services, like Adult Mental Health Habilitation and Behavioral and Primary Healthcare Coordination, live in settings that are fully integrated into the community and offer opportunities for full community access, in the same manner as individuals not receiving these services.

A setting which meets federal HCBS settings requirements has these qualities:

- Is integrated in and supports full access to the greater community
- Is selected by the individual from among setting options
- Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy and independence
- Facilitates individual choice regarding services and supports

There are additional requirements for residential settings which are owned, controlled or operated by a provider of AMHH and/or BPHC services.

Important information for Medicaid members enrolled in AMHH and/or BPHC

## Home- and Community-Based Services settings requirements and me.

Due to a new Medicaid rule in 2014, Medicaid members who receive services through the Adult Mental Health Habilitation or Behavioral and Primary Healthcare Coordination programs are required to live in a place that meets federal guidelines for home- and community-based services settings.

This pamphlet helps explain what the new rule means to you, and how it may affect where you live and the services you receive.

## Does this mean I have to move?

**In most cases, no.**

How the “HCBS Settings Final Rule” affects you depends in large part on where you currently live.

Most people who receive services through the AMHH and/or BPHC programs live in their own home, which automatically meets federal HCBS settings requirements. Nothing will need to change for these individuals.

Some people who receive services through the AMHH and/or BPHC programs live in residential settings owned or operated by a provider of those services. These settings may need some changes in order to meet federal HCBS settings requirements.

If you are homeless or live in a homeless shelter or temporary (transitional) housing, you are eligible for AMHH and BPHC services.

## What if the place where I live doesn't meet the rules?

Your provider will work with the Division of Mental Health and Addiction and other state agencies to help where you live meet all requirements.

There may be a very few instances where a person who receives services through the AMHH and/or BPHC programs lives in a residential setting which is unable to meet federal HCBS settings requirements. For these individuals, they will choose whether to move or to stay where they live but stop receiving AMHH and/or BPHC services. If this situation occurs, your provider will inform you well in advance, so you can begin to consider options and make plans.

You have the right to choose anyone you want to help you make the decision on whether to move or to stop receiving AMHH and/or BPHC services, including:

- Family or friends
- Your legal guardian
- Your case manager

In addition, you may choose to ask for assistance from advocacy organizations who can help you make an informed decision:

- Indiana Disability Rights, toll-free 800-622-4845
- Mental Health America of Indiana Mental Health and Addiction Ombudsman, toll-free 800-555-6424 ext. 239
- DMHA Consumer Service Line, toll-free 800-901-1133

## What if I don't agree with the provider's decision to no longer provide HCBS services?

The following procedure identifies the timeline that an appeal needs to be submitted to your Community Mental Health Center. Complete the CMHC's appeal/grievance document and submit to the CMHC as directed.

1. Within 15 days of being notified the setting is closing/no longer an eligible HCBS setting, residents can submit an appeal/grievance to the identified CMHC grievance procedure staff.
2. In 30 days of receipt of the appeal, the grievance procedure staff will review the appeal and any new evidence submitted by resident/family in support of keeping the setting open/compliant with HCBS.
3. Within 15 days of review, the grievance procedure staff submits final decision to the resident regarding the setting in question.