

The Basics of the OASIS Review Process



The Family and Social Services Administration (FSSA) of Indiana and the Division of Disability and Rehabilitative Services (DDRS) are creating a uniform funding model to determine fair and equitable levels of state support, based on an objective assessment and driven by the principles of person-centered planning and measurable outcomes. The initiative, known as the Objective Assessment System for Individual Supports (OASIS), impacts the more than 7,000 Hoosiers receiving a Developmental Disabilities (DD) or Autism (AU) Medicaid waiver.

As a result, Consumers are transitioning from the Annual Plan service delivery system to the OASIS service delivery system. While many Consumers will experience an increase in dollars to meet their needs, others may receive less than their current Plan of Care/Cost Comparison Budget (POC/CCB) amount.

Developed in collaboration with FSSA/DDRS (administrators of Indiana's Home and Community Based Services Medicaid waivers), the following information will provide Consumers and their families/guardians with the basics of the review request process, the OASIS Review Committee (ORC), and the Budget Modification Requests (BMR) process.

What if the Consumer or support team disagrees with the OASIS allocation amount?

After receiving an allocation, Consumers, their families or guardians, and any member of the support team may request a review of the factors used to determine the amount. If the request meets the required criteria, the OASIS Review Committee (ORC) will conduct a review. For example, you may feel that the allocation amount is not enough to purchase the services you need to support your health and safety. If this should occur, the Consumer, family or guardian, or a member of the support team should contact the IPMG Case Manager to ask for a review.

Consumers or their guardians may request a review of the factors used to determine the allocation by the ORC. Support team members who have a concern regarding the amount of an allocation for a waiver recipient they serve should discuss their concerns with the Consumer and his or her IPMG Case Manager.

What is the OASIS Review Committee?

The ORC was created to review the factors used to determine the allocation and any additional information provided by the Consumer's support team. After receiving an allocation, Consumers, their families or guardians, and any member of the support team may request a review of the factors used to determine the amount. If the request

meets the required criteria, the OASIS Review Committee (ORC) will conduct a review.

For example, you may feel that the allocation amount is not enough to purchase the services you need to support your health and safety. If this should occur, the Consumer, family or guardian, or a member of the support team should contact the IPMG Case Manager to ask for a review.

What circumstances would warrant a review of an OASIS allocation?

All requests for OASIS allocation reviews must indicate a specific reason for the request. DDRS has determined the following circumstances or considerations should apply to request a review by the ORC:

- ❑ Life-changing events, such as:
 - death, institutionalization, or long-term incapacitation of a primary caregiver
 - primary caregiver is age 80 or older
 - transition from Crisis Management Services and unable to return to original setting
 - a young adult who is currently on the waiver and is terminating their secondary education.
- ❑ Needs have changed since completion of the assessment or the individual is unable to purchase services to meet current needs.

continued next page

The Basics of the OASIS Review Process



- ❑ ICAP assessments did not accurately reflect the individual's current situation/ability.
- ❑ The budget amount and/or services available are not thought to provide for the health and safety needs of the individual.
- ❑ The budget amount and/or services are thought to be excessive and potentially wasteful compared to the needs of the individual.
- ❑ Other: for reasons not otherwise stipulated, the budget is of concern for specific reasons involving the needs of the individual. A detailed explanation surrounding the individual's circumstances is required.

When submitting a request for review, your IPMG Case Manager must provide specific information that supports the request for review. Only requests submitted with specific information supporting the above circumstances will be considered for review.

What is included in the review process?

The ORC review process includes:

- ❑ looking at the assessment and/or responses to the ICAP questions
- ❑ ordering a new ICAP assessment and/or addendum questions, if needed
- ❑ reviewing the allocation amount based upon the new assessment and releasing an adjusted allocation, if appropriate.

After submitting a review request to the ORC, what happens to my request? Who reviews my request?

Upon receipt of a request for review, your IPMG Case Manager will submit the request electronically to DDRS. *Please note: a request for review may be declined if the request does not meet the criteria listed above as qualified reasons for review.*

Members of the ORC include:

- BDDS (Bureau of Developmental Disabilities Services) Director of Client Services
- BDDS Field Services Director(s)
- DDRS Case Management Liaison
- BDDS Waiver Unit Supervisor
- OMPP (Office of Medicaid Policy and Planning) Representative

- BQIS (Bureau of Quality Improvement Services) Representative
- BDDS Ombudsman

How long does a review take? How will the Consumer be notified of a decision?

Each step of the review is monitored by DDRS and BDDS. The goal is to evaluate every request within two weeks of submission of the review request. (This two-week frame does not include the request for a new assessment.) If a new assessment and/or addendum are required as a result of the review, completion of the new assessment is considered a priority.

The review results, including any change to the allocation amount, will be provided directly to your IPMG Case Manager. The IPMG Case Manager will notify the Consumer and/or guardian, as well as other members of the Consumer's support team, of the decision.

My allocation amount is sufficient, but my support team cannot agree on a plan within my budget. What should I do?

Your support team is expected to work together to develop a person-centered plan of support for the hopes, needs, and dreams of each Consumer.

When working with you to develop your person-centered plan (PCP) for the coming year, your IPMG Case Manager will work collaboratively with your chosen providers to move through situations on your behalf, if challenges arise.

In the rare circumstance where the team cannot agree on a plan within the allocated budget, the Consumer may contact their local BDDS office for assistance. To determine the BDDS office that serves you, visit www.in.gov/fssa/files/BDDSDistrictOffices20090210.pdf.

My allocation amount is sufficient, but the budget submitted to the BDDS Waiver Unit by my IPMG Case Manager was denied. What are my options?

After the Consumer and his or her team have agreed upon a budget that is consistent with the allocation, the Plan of Care/Cost Comparison Budget (POC/CCB) is submitted by the IPMG Case Manager to the BDDS Waiver Unit. The budget is then considered beside the allocation and other known inputs, and either an approval or denial is issued via a Notice of Action (NOA). The NOA is sent directly to

continued next page

The Basics of the OASIS Review Process



your IPMG Case Manager, who forwards it to the Consumer and/or guardian.

When reviewing the submitted POC/CCB, the BDDS Waiver Unit may return the request to the IPMG Case Manager for further clarification on how the allocation is to be used. The BDDS Waiver Unit will then make a determination of 'Approved' or 'Denied' and an NOA will be generated.

If a budget is not consistent with the allocation due to a life-changing event, resulting in a denial, information about your options is included in the NOA.

What if I have a life-changing event? How do I seek a Budget Modification Request (BMR)?

During the course of the waiver plan year, a Consumer may experience circumstances where the support team may need to seek a Budget Modification Request (BMR) to supplement immediate needs. The local BDDS office and the IPMG Case Manager will work with the Consumer to obtain a BMR if there is a life-changing event that requires such action. Several specific events may necessitate a BMR by a Consumer or support team. These qualifying reasons to request a BMR are:

- ❑ Life-changing events, such as:
 - death, institutionalization, or long-term incapacitation of a primary caregiver
 - primary caregiver is age 80 or older
 - transition from Crisis Management Services and unable to return to original setting
 - a young adult who is currently on the waiver and is terminating their secondary education
 - loss of housemate.
- ❑ State intervention for behavioral needs.
- ❑ State intervention for health or medical needs.
- ❑ State intervention for substantiated abuse, neglect, or exploitation.

Requests for a BMR that do not meet one of the main criteria listed above will not be considered.

Please note: Each initial event may be approved for up to 90 days. If short term support is still required, additional BMRs may be submitted each month, not to exceed 180 days from the initial event.

What tools are available for understanding review requests and the BMR process?

Your IPMG Team

In addition to information provided by your IPMG team, IPMG's online Consumer news magazine, *possibilities*, has specific information and updates about waiver services. Issues of *possibilities*, along with important updates as provided by the State of Indiana and DDRS, are available on IPMG's website, www.gotoipmg.com.

IPMG's Powerful Parents and Consumers Network

Each month, Hoosier waiver recipients and their families or guardians meet at their local Powerful Parents and Consumers Network chapter to discuss specific issues and challenges and explore solutions. Sponsored by IPMG, these empowering meetings are open to anyone with a developmental disability and those who love and support them.

For more information on IPMG's Powerful Parents and Consumers Network, or to locate the chapter nearest you, visit IPMG's website at www.gotoipmg.com/pp-welcome.php. Rich Wherry, Powerful Parents and Consumers Network Liaison, is also available at 866-672-IPMG (4764), ext. 257 or via email at r.wherry@gotoipmg.com.

Additional DDRS Resources

DDRS and IPMG are dedicated to providing Indiana's waiver recipients with answers to their questions and concerns regarding the OASIS initiative. The following resources are available to assist Consumers, families, and providers:

Questions or concerns regarding the OASIS initiative:

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

Email: OASIS-ICAPHelp@fssa.in.gov

Website: www.ddrs.IN.gov

Questions or concerns regarding allocations:

IPMG Toll Free Phone: 1-866-672-IPMG (4764), ext. 261

Website: www.gotoipmg.com