Welcome to the

Intellectual & Developmental Disabilities Task Force

August 23, 2022
Indiana Government Center South
Conference Room B

Agenda

I. 1:00 PM – Lt. Governor Suzanne Crouch Calls Meeting to Order

II. 1:05 PM – Introduction of Task Force Members

III. 1:10 PM – Review and Approval of Minutes from May 10, 2022

Agenda

IV. 1:15 PM – **Crisis Response & Dually Diagnosed**

Jay Chaudhary, Director, DMHA

Katy Adams, CEO/President, Southwestern Behavioral Health

Kara Biro, Director of Behavioral Health Crisis Care

Ari Nassiri, Director of Primary Care and Behavioral Health Integration

Related 1102 Recommendation(s):

1.1 The Division of Disability and Rehabilitative Services develop a Medicaid HCBS waiver system with a full array of services and tiered supports to ensure flexibility of services and systems to meet the unique needs of all individuals served, accounting for age, family and community support systems, behavioral and mental health needs, and health factors.

3.5 The establishment of a statewide IDD crisis response program utilizing all available federal funding (i.e., Medicaid HCBS waiver, etc.) and, as needed/required, state funding……

DMHA Strategic Priorities

SUSTAINABILE INFRASTRUCTURE

Build CCBHC, 988, and other infrastructure to support ongoing improvements to behavioral health delivery system

ACCESS TO SERVICES

Invest in communities and providers to grow capacity and equitably increase the availability of care

QUALITY OF SYSTEMS & SERVICES

Improve data and other state systems and enhance the use of best business and clinical practices to improve the quality of services

WORKFORCE

Advance recruitment, retention, and training efforts targeting the behavioral health workforce

Project Profile: Community Catalyst

The Community Catalyst RFF had 68 applications with awards issued around the State.

Community Catalyst RFF Anticipated Award Summary

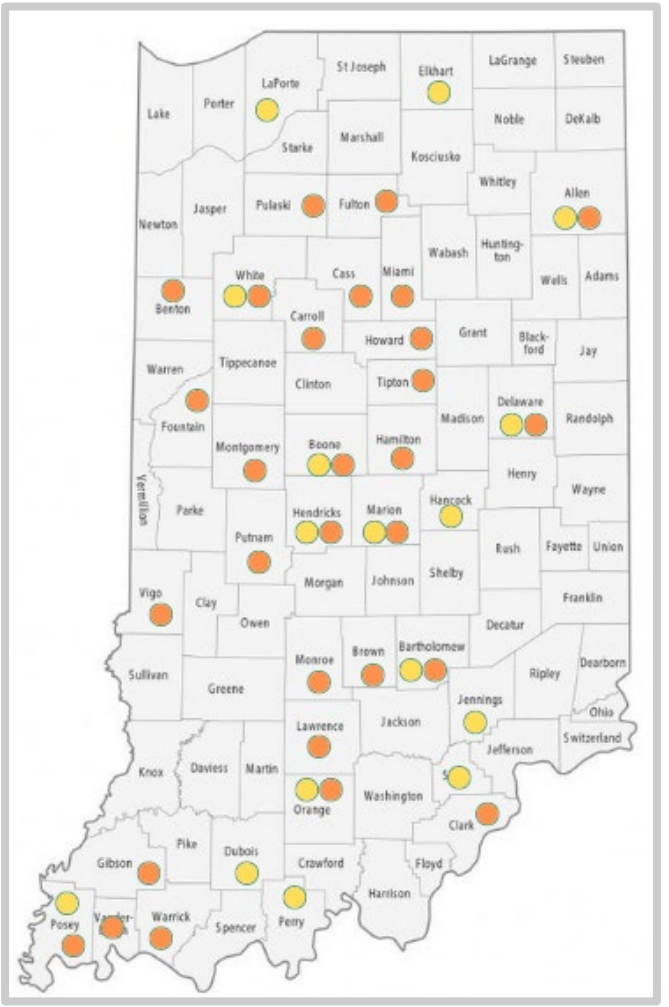
	Awards	Amount Requested	Grant Match	Anticipated Grant Awards*
Phase I - Full Award	14	$7,623,573	$3,119,415	$7,623,573
Phase II - Partial Award	22	$38,805,997	$20,939,666	$23,089,604
TOTAL	36	$46,429,570	$24,059,081	**$30,713,177**

Key

Community Catalyst Awards:

- Served by Phase I awardees
- Served by Phase II awardees

Community Catalyst Map



Project Profile: 24 Comprehensive Crisis Response

Indiana's Crisis System will be more than 988 call centers – we are building an integrated network of providers to serve Hoosiers in crisis.

Indiana's Future Crisis System

These three pillars, coupled with a State infrastructure to support and connect them, comprise a system capable of serving *anyone, anytime, anywhere.*

- Indiana is using one-time federal stimulus funds to upgrade the 988 call centers and run pilot programs of new services.
- A fully mature crisis system will take 7-10 years to build. Funding for that system will come from other sources.
- The projected annual cost of a mature crisis system is $130M

Project Profile: CCBHC Model

CCBHC Criteria

1. Staffing
2. Timely Access
3. Care Coordination
4. Broader Scope of Services
5. Quality and Other Reporting
6. Data Transparency
7. Patient centered planning and reimbursement

CCBHC Pathways:

- **CCBHC model:** Cost-related Medicaid reimbursement rate through:
  - The CCBHC Demonstration
  - CMS-approved SPA or waiver
- **CCBHC-E grant:** SAMHSA $2 million/year for 2 years
- **CCBHC Bridge Grants**: state funds to help fill the gap between E-Grants and long term implementation

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

Agenda

V. 1:40 PM State Workforce Data

Since the May 2022 launch of PS 9.2 that includes an Employee Self-Service feature:

- 3,728 of 34,388 State employees have updated their information
  - 10.96% of the State of Indiana's employee population reporting (3,728/34,388)
  - 1,012 of the 3,728 reporting employees indicated that they have a disability
    - 2.94% of the State of Indiana employees reported having a disability (1,012/34,388)
    - **27% of those reporting to date indicate having a disability**

FSSA:

Of the 1,012 employees that have reported yes to having a disability:

- 164 are FSSA team members
- 3.99% of FSSA employees have reported having a disability to date (164/4,107)

One thing that we have noted is that this data can be enhanced through repeated opportunities for employees to report out this information. To this end, State Personnel is working on an Identity Updating Campaign that is planned to go live later this year.

Agenda

VI. 1:45pm The Path Forward & Waiver Redesign

- Enhance Case Management and System Navigation
- Improve Team Dynamics through Shared Outcomes and Communication
- Focus on Key Supports to Build Independence

Enhance Case Management – Focus on Quality

- Case Management Quality Guide
- Person-Centered Individualized Support Plan (PCISP)
- Case Management Certification
- Revision of Case Management Service definition

BDDS
Indiana Bureau of Developmental Disabilities Services

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
FSSA

Improve Team Dynamics

- Communication
  - System Consolidation Project
  - Feedback from Individuals & Families
- Shared Understanding & Outcomes
  - Provider Training
  - Living Well
  - Front Door Experience

BDDS
Indiana Bureau of Developmental Disabilities Services

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
FSSA

Key Supports to Build Independence

- Community Living Options
  - Institutional Modernization
  - Money Follows the Person (MFP)
- Innovative Services & Supports
  - Competitive Integrated Employment
  - Remote Supports
- Enhance HCBS Structures & Offerings
  - Service Definitions
  - New Services
  - Self-Directed Option
  - Additional 1915(c) Waiver
- American Rescue Plan (ARP)

Agenda
VII. 2:00pm 1102 Recommendations Update and Discussion

Completed Recommendations:

1.4 The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign

2.2 The representative of a provider of Vocational Rehabilitation Services for people with disabilities and, a representative of the Bureau of Rehabilitation Services to the Governor's Workforce Cabinet.

3.4 That adults who participate in Medicaid HCBS waiver services be allowed, through informed choice, to receive direct services and supports from one or more family members to meet their assessed needs; and that no individual family member be allowed to provide more than 40 hours of support, within a seven-day period.

3.6 Encouraging the support of our active duty and veteran military members in Indiana in obtaining services for their children with IDD; and, pending CMS approval, creating a priority status on the Medicaid HCBS waivers for children of active duty and veteran military families.

1102 Recommendations- Recommendations Update & Discussion

In process or nearly completed recommendations

4.3 The creation of an array of employment options that leads to a good life with independence and respect for people with intellectual and developmental disabilities and ensures informed choice. The array should provide opportunities for people with all abilities to work that provides for growth, respect, preferences, and interests. In developing this array, a stakeholder's group, led by SAI, must come together to discuss the use of 14c certificates and develop strategies to assist provider agencies to transition away from utilizing 14c certificates.

1.4 Increasing funding for Vocational Rehabilitation Services to ensure the program can address the fiscal deficit, increase Vocational Rehabilitation Services staffing resources, ensure appropriate reimbursement rates for providers to cover costs and recruit and retain staff, and allow expansion and innovation of Pre-Employment Transition Services.

3.3 The design and implementation of a self-directed care model in Medicaid HCBS waivers administered by the Division of Disability and Rehabilitative Services for individuals to convert their shift model a version that allows them to hire people they choose via a fiscal intermediary.

3.8 Telehealth be approved as a viable and approved service delivery method for services, for example Behavior Management and Wellness Care.

3.9 The inclusion of peer specialists as a Medicaid HCBS waiver service, enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities.

Agenda

VIII. 2:15pm Study Committee Report (HEA 1075)

Related 1102 Recommendations

1.3 Modifying current legislation dictating waiver placement priority to current Medicaid HCBS waivers.

4.6 The development of a state approved outcome and competency-based training curriculum for direct support professionals. The purpose of the statewide training is to ensure consistency of quality training, reduce training replication for providers, and to further professionalize the direct support professional workforce; and the development of a statewide registry of professionals who have undergone this training and curriculum

4.7 The implementation of a public registry listing direct care staff who the Division of Disability and Rehabilitative Services has determined have committed certain offenses that bar them from employment supporting people with developmental disabilities in the state of Indiana.

HEA 1075 Committees- DSP Training

- No later than September 1, 2022, the Task Force shall make recommendations to the legislative council regarding:

- Establishment of a Statewide Training Curriculum
- Feasibility of establishing training certification
- Feasibility of establishing a training registry
- Feasibility of a pilot project to implement any recommendations

Possible Funding Stream

- HCBS Spend Plan- DSP Registry- Rec. 4.7
- HCBS Spend Plan- Direct Service Workforce Initiative- Rec 4.6

- Chair: Heather Dane, DDRS/BDDS
- Facilitator: Erica Reaves, HMA

Direct Support Professionals Training and Curriculum Subcommittee

Activities:

- Overview of current state requirements and practices
- Overview of CMS core competencies for direct support workers
- High level research of other state practices and core competencies

Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #1

Establishment of a minimum standardized statewide training curriculum for individuals who provide supports and services to individuals with I/DD

- Should be made available or administered by the state in multiple modalities
- Required annually where the DSP receives a certificate of completion
- Training should be a billable activity

Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #2

Establishment of a tiered direct support professional training certification process.

- Should include macro and micro credentials
- Should be tracked in a statewide registry that is accessible to FSSA, providers, and direct support professionals that also integrates with the vendor's training system

Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #3

Establishment of a direct support professional training registry

- Should include base training (recommendation #1) as well as tiered training (recommendation #2)
- Should be searchable by name and accessible to FSSA and providers
- Should integrate with training modules for real time training results

Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #4

Design and launch a pilot project to evaluate the accessibility, reliability, and usefulness of the system and identify one or more approved vendors to develop and administer the training for direct support professionals.

- The state should release a RFP where the selected vendor(s) should develop the training curriculum, infrastructure, timeline, registry integration, and pilot testing strategy.

HEA 1075 Committees- Incident Reporting

- No later than September 1, 2022, the Task Force shall make recommendations to the legislative council the creation of a report:

- To be distributed by BDDS to each authorized provider
- To provide to each authorized service provider the name of each direct support professional who has been the subject of a substantiated incident report

Possible Funding Stream

- HCBS Spend Plan- DSP Registry
- HCBS Spend Plan- Incident Reporting

- Chair: Jessica Harlan-York, DDRS/BDDS
- Co-Chair: Kim Cauley, DDRS/BDDS

HEA 1075 Committees- Incident Reporting

- What constitutes an incident that should be investigated further/how will incidents be defined?

- Which entity (state agency, state contractor, provider, etc.) should be responsible for:
    - Processing reported incidents.
    - Investigating reported incidents.
    - Final determination of substantiation of incident and subsequent required actions.

- What, if any, information should be accessible regarding the incident?

HEA 1075 Committees- Incident Reporting

Recommendation 1: The State of Indiana (specifically, the Bureau of Developmental Disabilities Services (BDDS)) should manage the process of incident reporting, including activities associated with:

(1) developing an intake process for DSPs which includes personally identifiable information (including legal name, date of birth, social security number, driver's license number, or state ID number);
(2) review the provider investigation and determine what, if any, additional investigation or follow up is needed;
(3) actions (when substantiated and as determined appropriate) being available on an accessible registry (including a status of "Substantiated – Within Appeals Window" and "Substantiated – Final"); and
(4) ensuring an appropriate appeal process that is timely and implements clear parameters for substantiation and registry inclusion.

HEA 1075 Committees- Incident Reporting

Recommendation 2:

- The current definition of an incident is sufficient.
- BDDS should provide clear guidance on what constitutes addition to the registry based on level of severity of substantiated incident.

HEA 1075 Committees- Incident Reporting

Recommendation 3:

- The State should develop a DSP registry that includes substantiated incidents available at the individual DSP level and includes individual identifiers (example: legal name, date of birth, social security number, driver's license number, or state ID number).
- The state should provide clear guidance on what constitutes addition to the registry based on level of severity of substantiated incident.
- The DSP registry should be made accessible to FSSA staff and BDDS providers as a report for each DSP with a substantiated incident.
- In the event that an appeal finds that an incident is unsubstantiated, an individual's name will be removed from the DSP Registry.

HEA 1075 Committees- Waiver & Services

- No later than September 1, 2022, the Task Force shall make recommendations to the legislative council regarding:

- Current trends related to health and safety requests for the CIH waiver or any other services
- Feasibility of the Division establishing a pilot project to create special service review teams to assist families or individuals in a crisis situation to identify available resources or sources of assistance

Possible Funding Stream

- HCBS Spend Plan- Waiver Redesign
- HCBS Spend Plan- Innovation Grants/Pilots

- Chair: Holly Wimsatt, DDRS/BDDS
- Facilitator: Yoshi Kardell, HSRI

CIH Waiver\Special Service Review Team Subcommittee Activities

- Overview of Federal Guidance and 1915(c) Home and Community Based Services (HCBS) Waiver Authority
- Discussion of associated timeframes for changing/revising an existing HCBS Waiver
- Review of current Emergency Placement Criteria
- Discussion regarding CIH Health and Safety Determinations
- Review of data related to:
  - CIH Emergency Placement Criteria applications
  - CIH applications under Health and Safety category
  - FSW priority categories
  - Ages of individuals requesting and receiving HCBS
  - HCBS Waiver and State Plan expenditures (2017-2021)
- Discussions related to the design and desired outcomes of a Special Service Review Team
- Discussion of other considerations and requested clarifications of current state of CIH Emergency Placement Criteria

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
FSSA

CIH Waiver\Special Service Review Team Subcommittee Recommendations

Recommendation #1: The Division should establish a Special Service Review Team pilot to review certain requests for the CIH Waiver under the Health and Safety category and consider the circumstances of the applicant, collect data, and provide evaluative information that can be applied at the systems level to the Division.

CIH Waiver\Special Service Review Team Subcommittee Recommendations

Recommendation #2: Special Service Review Team, as part of the pilot, will provide a report every quarter regarding identified benchmarks.

Recommendation #3: As part of the pilot, the Special Service Review Team should be a multidisciplinary team and members should be paid.

Agenda

IX. 2:55 PM –Next Meeting

- Legislative Priorities
- October/November 2022
- 3:00 PM - Adjournment

Thank you for attending the

Intellectual & Developmental Disabilities Task Force

Appendix

Applications for Emergency Placement – CIH Health & Safety*

Health & Safety Category

Year/Quarter	# Applications	# - % Approved
2022 Q2	104	25 – 24%
2022 Q1	92	11 – 12%
2021 Q4	59	21 - 36%
2021 Q3	82	20 - 24%
2021 Q2	101	34 - 34%
2021 Q1	105	32 - 30%

**All counts are unduplicated*

Source: BDDS DART Data System

Community Integration & Habilitation (CIH) Waiver

- Priority Categories – Emergency Criteria
  - Caregiver over 80 yrs. of age where alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option
  - Death of primary caregiver where alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option
  - Abuse or neglect in current setting where alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option
  - Health and Safety Risks, as determined by the Division Director, where alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option

Potential Fiscal Impact if Emergency Placement Criteria Related to Age of Primary Caregiver Lowered from 80 to 70-75 years

- Age of caregiver for those in services, on the FSW wait list, or applied for services is not tracked/collected
- Estimated average allocation would be $100,000/yr.
  - We anticipate that a minimum of 409 individuals in service or on the FSW wait list have caregivers 70 years of age or older. This would result in an estimated $40.9M/yr.
  - Estimate about 500 individuals not known to BDDS may have caregiver in age range of 70-75. This would result in an estimated cost of $50M/yr.
- Total est. cost of $90.9M/yr. with State share estimated to be roughly $30-36M/yr.

SGL

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	Total
Conversion to HCBS	0	0	1	0	1	1	**3**
Closed	1	2	0	2	2	1	**8**
License change (staffing level, bed addition\removals, & relocations)	6	0	4	6	2	2	**20**
Suspension	1	0	0	0	0	0	**1**
Total	**8**	**2**	**5**	**8**	**5**	**4**	**32**