

May 10, 2022 Indiana Government Center South Conference Room A





- I. 12:30 PM Public Comment
- II. 1:00 PM Lt. Governor Suzanne Crouch Calls Meeting to Order
- III. 1:05 PM Introduction of Task Force Members
- IV. 1:15 PM Review and Approval of Minutes from 10-14-2021



V. 1:20 PM - Direct Service Workforce Initiative Overview & Update



Corresponding 1102 Recommendation(s):

support profession healthcare jobs to funding an increase compensation ti		Increasing, as soon as possible, the current statewide average wage of direct support professionals to a level competitive with other service sector and healthcare jobs using current Bureau of Labor Statistics salary data through funding an increase in base compensation coupled with potential additional compensation tied to completion of a state authorized/approved training that significantly enhances the direct support professional's skills.
	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.







Employment and Employment First

- BRS Order of Selection- Increase waiting list release rate- Rec 1.5, 4.4
 - 800 in 2021; 1000 total estimated in 2022; targeting 1400 annually in 2023-2024
 - Increased VR Reimbursement Rates and Additional VR Staff- Rec 1.5, 1.6, 4.4
- BRS Pursuing RSA Grant- Rec 4.3, 1.7, 1.6
- Supporting CIE & Voluntary 14c Transition with Provider Transformation Grants- Rec 4.3
- Learning Collaboratives to Support Competitive Integrated Employment- Rec 4.3
- Employment Summit- Cross Agency –Rec 4.3, 1.7
- DDRS Advisory Council Workgroups (Stakeholders)- Rec 4.3, 1.7
 - Action-oriented system transformation plan
- DDRS Position to Focus on Employment and Person First Initiatives -Rec 1.6
- SELN Learning Collaborative- Internal Assessment and Plan to Improve Employment- Rec
 4.3, 1.7, 1.6



Systems Transformation/Waiver Amendments To Date



Community Integration and Habilitation Waiver and Family Support Waiver Amendments

- Continued 14% rate increase initiated July 1, 2021- Rec 4.5
- Case Management service definition revised & enhanced to add clarity; ability for virtual service delivery added to definition
- Remote Supports service definition and provider qualifications clarified- Rec # 2.5
- Separation of vehicle modification and specialized medical equipment and supplies, each with their own separate cap limits
- Vehicle modifications include \$15,000 cap every 10 years with expanded modification allowances

Family Support Waiver Amendment

- Increased FSW cap from \$17,300 to \$19,614 annually
- Increased annual transportation service limits for each level of non-medical transportation

Case Management Innovation

- Total number served on BDDS Medicaid Waivers (CIH & FSW): 31,544
- Total number who needed to choose a new case management provider: 5,001
- Total number who did not choose a new case management provider and were auto-assigned: 137





Workforce and Provider Support

- 2021 Increase in Reimbursement Rates (14%)- Rec 4.5
- HCBS/ICF Relief/Sustainability Grants- Rec 4.5
- OBRA Day Service Sustainability Grants- Rec 4.5
- HCBS Provider Stabilization Grants- 8.1% of annual waiver revenue
- Partnership with FSSA Direct Service Workforce Initiative- Rec 4.5
- First Steps Recruitment and Retention Grants- Rec 3.1, 4.1
- Telehealth Legislation and Virtual Service Delivery- Rec 2.5, 3.8



1102 Recommendations- DDRS Highlights & Update

HCBS Initiatives- Overview and Discussion



- Money Follows the Person- Rec 1.10
- Institutional Modernization- Future HCBS Spend Plan Targeting Group Home Support Level Conversions and Transitions- Rec 1.10
- DMHA Crisis Response Pilots- Rec 3.5
- HCBS Spend Plan to Enhance Quality of Incident Reporting- Rec 4.7
- HCBS Spend Plan to Explore & Pilot DSP Registry- Rec 4.6, 4.7
- Target to Add Self-Directed Options to Waivers- Rec 3.3
 - Technical Assistance CMS & Applied Self-Direction
 - Self-Directed Learning Collaborative-Partnership with self advocates
- Peer Specialist/Mentoring Pilot(s)- HCBS Spend Plan- Rec 3.9
- Waiver Redesign- HCBS Spend Plan- Rec 1.3, 1.1 3.2, 3.7, 4.2
 - Innovation Grants/Pilots to Inform System Transformation- Rec 3.5, 3.7
 - Services to Support Employment
 - Technical Assistance to rewrite/amend waiver(s)





VII. 2:15pm Legislative Update

- 2021 Increase in Reimbursement Rates (14%)
- Telehealth Legislation and Virtual Service Delivery
- HEA 1075 Task Force Study Committees Rec #1.3





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



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









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





VIII. 2:45 PM -Items for Next Meeting

- Virtual Committee Kick-Off -June 3, 9-10am ET
- Study Committees Complete Work by August 16, 2022
- Next Meeting, August 23, 2022, 1-3pm ET
- Recommendations Due September 1, 2022
- IX. 3:00 PM Adjournment





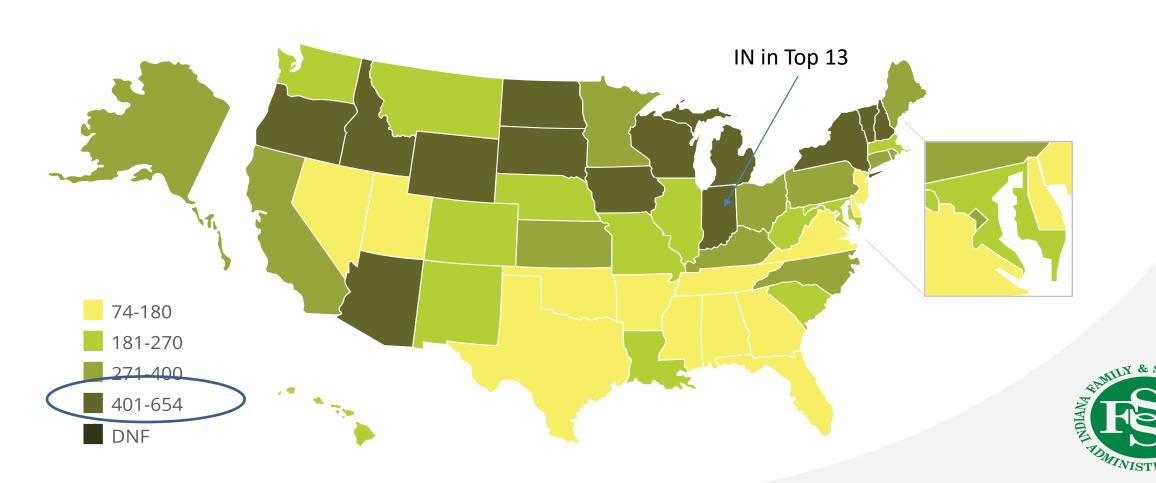


Appendix



Residential Information Systems Project (RISP)_ 2018

270 people with IDD per 100,000 of the population had Medicaid Waivers







CIH - Health & Safety Category

Year	# of Applications	# - % Approved
2021	347	107 - 31%
2020	366	78 - 21%
2019	414	128 - 31%
2018	458	133 - 29%
2017	381	125 - 33%

For the Approved FY 21 Applications Average Cost Per Person Per Year= \$82,235



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

SGL

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Total
Conversion to HCBS	0	0	1	0	1	2
Closed	1	2	0	2	2	7
License change (staffing level, bed additions\removal s, & relocations)	6	0	4	6	2	18
Suspension	1	0	0	0	0	1
Total	8	2	5	8	5	28