

Status of 1102 Task Force Recommendations (as of 06/10/21)

Complete or Nearly Complete

Recommendation #	Recommendation	Responsible Party	Related DDRS Initiative	Legislative / Policy / Other	Previous Update	Current Status
1.4	The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign	FSSA/DDRS	Waiver Redesign	Other	<p>DDRS is utilizing the DDRS Advisory Council to serve as its primary stakeholder group to assist with Waiver Redesign. The Waiver Redesign Concept Paper was released in early January. From January through late March, the Division provided multiple opportunities for raising awareness of the concept paper and for gathering feedback from all stakeholders. These opportunities included face to face meetings, survey, social media campaign, and virtual forums. In late March, the Waiver Redesign project was “paused” to allow appropriate focus on COVID-19 response. DDRS has continued to accept feedback during the pause.</p> <p>DDRS “un-paused” the comment period on June 1st to gather a last round of feedback. In announcing this opportunity, DDRS asked for specific feedback on experiences as a result of COVID-19 that should be considered in future systems redesign. DDRS hosted two virtual forums during the final comment period, which ended on June 19. Since that time, DDRS’ waiver redesign contractor has been reviewing and analyzing feedback to frame issues and solutions of greatest interest to stakeholders</p>	<p>In early 2021 DDRS developed a revised approach to waiver redesign that recognized system impacts resulting from the COVID-19 pandemic. These revisions were done in partnership with self-advocates, families, providers, and other stakeholders using the extensive stakeholder feedback received in response to the concept paper. As the waiver redesign stakeholder workgroup, the DDRS Advisory Council also reviewed and provided feedback on the revised approach. This feedback indicated a need for broader systemic changes associated with individuals’ and families’ experiences in the course of service delivery. Primary areas highlight a need to revisit case management and system navigation, improve team dynamics and coordination toward shared outcomes, and to focus on supports and approaches to build independence for program participants.</p> <p>In a first step towards this revised approach, DDRS recently announced a plan to implement a new waiver (referred to as a 1915 b(4)) which is intended to address critical areas related to case management. With this new waiver, BDDS will engage in a selective contracting approach via procured contracts with identified case management entities. BDDS is currently engaged in the Request for Services process in coordination with IDOA and is scheduled to announce contract awards in October of 2021. BDDS anticipates submitting waiver amendments to CMS to finalize these changes in the Fall.</p>
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.	Stakeholders, General Assembly	Building VR Program Capacity and Quality	Other	Dr. Sullivan was appointed as a representative from FSSA to serve on the Governor's Workforce Cabinet.	

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3.1	Since investing in early childhood development is more effective and less costly than addressing problems at a later age and due to increased referrals for early intervention services, the First Steps program receive enhanced funding in order to sustain a high quality early intervention program for the children and families it serves.	General Assembly	Develop and Implement Fiscal Strategies with Stakeholders	Legislative	In 2019, the General Assembly authorized First Steps to receive \$18 million each year of the biennium, which included ~\$6.6M in new funding. More recently, HEA 1176 which was signed into law in March 2020, adds “habilitation” services to the First Steps Service array, directs the Indiana Department of Insurance to create rules for state regulated insurance plans to cover early intervention services, eliminates prior authorizations for these plans, and directs them to pay either a bundled rate or fee-for-service rate whichever is higher. This has the potential for the First Steps program to recoup more of the funds it pays providers for services rendered.	
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.	FSSA/DDRS	Waiver Redesign	Policy	This will be addressed as part of renewals for the CIH and Family Support Waivers. In the draft renewals published for public comment in 2019, BDDS included language that was consistent with the 1102 Recommendation allowing each paid family caregivers to provide up to 40 hours of support per week and clarifying that the 40 hours was not per waiver participant. BDDS received significant public comment expressing concern that this would restrict current paid family caregivers and create staffing vacancies. This public comment demonstrated that current practice appears to be more expansive than currently outlined in policy. As a result, BDDS adjusted language to better reflect current practice, but will also be building better capacity to monitor use of paid family caregivers to ensure an individual’s rights are balanced against their support needs. Updated language consistent with current practice was included in the recent renewals which were implemented in mid-July 2020.	BDDS continues to offer family members the ability to provide 40 hours of support per caregiver, within a 7-day period.
4.1	The First Steps program invest in its workforce to keep pace with demand by increasing the number of service coordinators and providers, and paying service coordinators and providers at a rate that is competitive and supports effective recruitment and retention. This action will also assist in broadening the network of specific services needed in the early intervention system to appropriately serve families and children.	General Assembly	Develop and Implement Fiscal Strategies with Stakeholders	Legislative	Pursuant to section 2 of House Enrolled Act 1542, First Steps must use 50 %, or approximately \$3.3M of the 2019 additional appropriation, to support increased provider rates; 40% to System Point of Entries’ (SPOE) contracts and no more than 10% to the DDRS for infrastructure expenses. These additional funds were distributed through rate increases or contract increases in July 2019. Since then the number of providers enrolling with First Steps has increased and SPOEs have been able to hire additional service coordinators. The additional funds allocated for state infrastructure expenses went to support design, development, and implementation of the new early intervention data system. See also, Recommendation 3.1	First Steps launched its new early intervention data system – EI Hub – in March. The initial release involved system deployment of the Provider Enrollment and Management, Learning Management, Case Management, Service Logging, and Billing and Claiming Modules. To support open communication through the implementation, First Steps publishes a weekly update touching on key performance metrics, system bugs, and improvements being made. In addition, they host a bi-weekly webinar cover updates and general EI Hub topics. Over the next few months, further enhancements will be made, including launching a Parent Portal, expansion of Case Management to include the full IFSP, and agency access to Case Management.

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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.	General Assembly, FSSA/DDRS		Legislative, Policy	In late August, CMS approved the Family Support Waiver amendment adding this priority category with an effective date of October 1, 2019. Since October, 88 individuals have accessed the Family Support Waiver using this priority category.	Since October 2019, 140 individuals have accessed the Family Support Waiver using this priority category. This is an increase of 52 individuals since our September 2020 status report.

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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.	FSSA/DDRS	Waiver Redesign	Policy	Waiver Redesign launched in April 2019 after an RFP and related contracting process. The contracted vendor, HSRI, is working on a 30-month work plan to develop and secure CMS approval for new waiver(s). Since June, HSRI has been researching and analyzing existing Indiana structures and input and researching movement in the broader field and new and innovative practices and ideas. This research has been synthesized into an Initial Concept Paper that was released on January 7 th . Public comment on the paper will be open through mid-June and will include a wide variety of ways for stakeholders to provide feedback. The public comment period ended on June 19 th . Since that time, HSRI has been analyzing and synthesizing feedback to frame issues and solutions of most interest to stakeholders; See also, Recommendation 1.4.	Based on the modified approach referenced in Recommendation 1.4, BDDS intends to issue a strategic plan or 'Path Moving Forward' for system redesign which accounts for areas of stakeholder feedback, existing resources, and current initiatives and resources that are being leveraged today. BDDS intends to release this information this summer. It intends to regularly update this document to provide stakeholders with continual updates on priority areas and a mechanism to gather stakeholder input on a routine basis. In addition, this document will be used as a coordination tool with the DDRS Advisory Council to strategically plan areas of enhancements. Currently, the case management service is the primary area of focus for 2021. Last July, BDDS added Environmental Modifications and Remote Supports to the FSW to broaden the array of services available to participants on that waiver.
1.3	Modifying current legislation dictating waiver placement priority to current Medicaid HCBS waivers.	FSSA/DDRS 1102 Task Force	Waiver Redesign	Legislative / Policy	HEA 1488 requires FSSA to work in partnership with the 1102 Task Force to develop new placement priority categories by July 1, 2021. It is anticipated this will be completed as part of our overall Waiver Redesign activities.	Now that the Division's COVID response is winding down, DDRS can focus on fully addressing this recommendation. To that end, we suggest that the agenda for the next Task Force meeting include an overview and history of our current priority categories, a review of our current experience with priority categories, and task force discussion on potential changes needed.

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1.5	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.	General Assembly	Building VR Program Capacity and Quality	Legislative / Policy	DDRS/BRS has worked with the Governor's Office, State Budget Agency, and State Personnel Department to study Vocational Rehabilitation's retention, training requirements, and current salaries. Salary adjustments have been approved for the Vocational Rehabilitation Counselor classification which includes all VR Counselors, Itinerant VR Counselors, Area Supervisors, and Regional Manager Positions within VR. Salary adjustments took effect on September 9, 2019 with impact to staff paychecks on October 2, 2019. Additional fiscal increases require legislative action to advance. Per HEA 1488, Vocational Rehabilitation has completed its 2020 annual assessment and shared it during the September 2020 task force meeting.	DDRS/BRS will update its annual assessment, as required by HEA-1488 and share the results during the next 1102 Task Force meeting.
1.6	It is important that Indiana create an economy and workforce where youth and adults with disabilities, including individuals with significant disabilities, have real opportunities to become competitively employed, use their talents and skills, work alongside other Hoosiers, & earn meaningful, competitive wages, consistent with a person's right to make an informed choice about employment options that meet their needs and preferences. The 1102 Task Force supports the efforts of the Ind. Rehabilitation Commission and DDRS to implement Employment First and encourages their efforts to develop policies, practices, & service delivery models to facilitate increased competitive employment options as the first & preferred outcome of services for people with disabilities.	Indiana Rehabilitation Commission, FSSA/DDRS, Other State Agencies and Programs that Help Obtain Employment for Individuals with Disabilities	Building VR Program Capacity and Quality	Policy	The Employment First Advisory Committee continues to meet on a regular basis to develop a statewide Employment First Strategic Plan. As part of this, the Governor's Council funded a series of Employment First Town Halls to gather greater insight and solutions to improving employment for people with disabilities. In addition, VR has utilized Pre-ETS funding to develop opportunities for students with disabilities in existing evidence-based programs like Jobs for America's Graduates (JAGs). VR is continuing work on developing other employer and/or vocational/technical educational opportunities with Pre-ETS funding. Work to Include held a successful Employment First Summit on November 20, 2019 in conjunction with the Governor's Council for People with Disabilities conference. The Rehabilitation Commission has approved a Draft Employment First Plan and sent it out for public comment. Indiana State Personnel Department will be presenting at a future Task Force meeting in 2020 to discuss the state's strategies.	The Commission on Rehabilitation Services modified the Employment First Plan following review of over 200 public comments and adopted the plan in September 2020. The plan is located at: https://www.in.gov/fssa/ddrs/files/Employment-First-Plan-Adopted-Sept.11-2020.pdf . DDRS Leadership met with state agency leaders to review Employment First goals as outlined in the plan. The Work to Include Coalition held a virtual Employment First summit in May 2021.

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1.7	The development and promotion of public and private sector partnerships that support youth acquiring work experiences, skills, and access to resources and programs that lead to a successful transition from school to competitive employment or additional education. Strong transition partnerships should be considered as part of any new Medicaid HCBS waiver design and services offered.	FSSA/DDRS, Public and Private Sector Organizations	Building VR Program Capacity and Quality	Other	Vocational Rehabilitation regularly convenes a Transition Advisory Committee with IDOE, DWD, and Other Stakeholders to identify opportunities to develop and expand transition supports for students with disabilities. VR, also, provides Pre-Employment Transition Services (Pre-ETS) to students with disabilities which includes five core services - job exploration counseling; work-based learning experiences; counseling on comprehensive transition or postsecondary educational programs; workplace readiness training; and instruction in self-advocacy. In addition to the public partnerships referenced in 1.6, through our Pre-ETS activities and our overall VR Business Development efforts, VR continues to work to develop private partnerships to assist in these efforts. From an infrastructure perspective, VR hired 8 new Transition VR Counselors in 2019 who have specific responsibilities related to monitoring Pre-ETS activities, identifying local needs, and working collaboratively with Pre-ETS providers and local VR offices. DDRS continues to advance this objective through the Pre-ETS activities, Business Development and Waiver Redesign.	New contracts for Pre-ETS began on October 1, 2020 and further expand student access to Pre-ETS activities through additional contractors.
1.8	Developing, expanding, and promoting housing options, especially permanent support housing, for all people with disabilities that allows for informed choice for them to attain affordable, accessible, and integrated housing in communities they choose to live in (rural or metropolitan). As options are being developed, the Task Force encourages the modernization of housing development projects to reflect current technology and the modernization of existing housing resources and programs at both the federal and state levels, addressing the need to continue to use shared service support.	FSSA/DDRS, Self Advocates of Indiana, IHCD, other organizations	Waiver Redesign	Other	IHCDA has collaborated with DDRS on the Community Integration set-aside and on the 2020 Moving Forward initiative which is specifically focused on housing and technology for people with I/DD. It is believed that this later effort will create a model that can be replicated by other affordable housing developers. The recent FSW waiver renewal effective July 2020 added Environmental Mods (outside the annual allocation cap) to make necessary home modifications. Additionally, with the implementation of the CIH renewal in July 2020, there was an increase in Community Transition funds (from \$1,000 per person to \$2,500) on the CIH for individuals needing one-time funds to successful transition to community-based residential settings.	DDRS continues to evaluate partnership opportunities with IHCD and in 2021 we are evaluating the IHCD Indiana Medicaid crosswalk and partnering on ways to address the findings and recommendations in this report.

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1.9	DDRS develop and adopt a Shared Living model, as a residential service option, which resembles the most successful Shared Living programs in the United States such as Colorado and Pennsylvania. The current Structured Family Care Giving model used by Indiana does not provide the proper reimbursement methodology to provide the robust supports needed and displayed in the most successful models and around the country. Therefore, the Task Force also recommends the Shared Living program use the same algorithm level structure as other Medicaid HCBS waivers. It is also the recommendation of the Task Force that the Shared Living program ensure participants have access to the same services available to people who utilize current residential services such as day services, music therapy, and Wellness Coordination, in addition to the daily rate funding needed for the Shared Living program itself.	FSSA/DDRS	Waiver Redesign	Policy	Since March 2019, DDRS has convened a workgroup focused on developing recommendations for a Shared Living model. These recommendations will be included in the Division's overall Waiver Redesign project.	The Shared Living Model recommendations were largely completed in 2019 however additional infrastructure and planning is still needed for implementation. This includes creation of a service definition and appropriate rate structure, CMS approval, and corresponding policies and procedure development to ensure the monitoring and implementation approach of this service can be fully supported and successful. DDRS intends to continue work toward building the necessary components for this service option to be introduced in a future waiver amendment.

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1.10	Given the historic trend of reduced use of settings with institutional funding, Indiana review those settings with a focus to modernize the system and potentially reduce the number of institutional settings for individuals with IDD. The review will include a group of stakeholders including self-advocates, advocacy organizations, state regulatory agencies, provider organizations and representatives of the 1102 Task Force. No later than December 31, 2020, the stakeholder group will develop a plan to: 1. Assess the needs of individuals in the system and the needs of individuals not currently in the system; 2. Determine the needs and desires of those individuals currently living in settings with institutional funding and how to transition them out of those settings if appropriate and their desire; 3. Assist providers who choose to voluntarily convert their ICF/IDDS into HCBS settings; 4. Determine the number of settings and type of settings with focus on eliminating unnecessary settings; Based on the above determination, identify the service needs of individuals served in settings with institutional funding and how the Indiana model can improve quality outcomes for those served; and 5. Ensuring that all living settings are provided with informed choice at every level inclusive of person-centered thinking and principles including living situations, housemates, and types of services.	FSSA/DDORS	Waiver Redesign	Other	The Institutional Modernization Work Group held a kick-off meeting in early September. Participants reviewed the variety of institutional settings in Indiana that service children and adults with intellectual and developmental disabilities. They also discussed key issues that need to be addressed in the plan, as well as information and resources needed to help inform the plan development. The 1102 Task Force received a brief update during its January 7 th meeting on the Institutional Modernization Work Group's activities since September. The Division plans to work with the Indiana Institute on Disability and Community at IU to assist with organizing the work group's feedback into a final plan. In order to focus on COVID related needs, the work group has not met since February. The Work Group has resumed its work and is on track for developing a plan to present to the 1102 Task Force in early January.	The work group finalized recommendations at the end of 2020. The primary recommendations are largely focused on the need for additional data and information collection methods to adequately capture self-advocates' interests, needs and desires vs. the existing available institutional options. Additionally, recommendations included leveraging BDDS' and FSSA's involvement in Money Follows the person to engage providers of institutional services to more effectively educate people with IDD about their service options and to more regularly share information and resources in a variety of formats about community-based and other residential options. BDDS has engaged The Arc of Indiana to assist in developing approaches toward education and outreach efforts, particularly for individuals in nursing facilities, but also for development of resources (including those through the Living Well grant) that can assist with education of available residential options for individuals with intellectual and developmental disabilities.

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2.1	The Division of Disability and Rehabilitative Services and the Indiana Housing and Community Development Authority coordinate and collaborate on improving Indiana 211 for disability-specific information and referrals to ensure information system are accessible, reliable, and responsive to the needs of individuals and families when seeking such information. These efforts should be made to improve access and consistency of information for individuals and families regarding disability services and resources across the state.	FSSA/DDRS, Indiana Housing and Community Development Authority		Other	In 209, representatives from Indiana 211, IHCD, INARF, The Arc of Indiana, DDRS, and the Lt. Governor's office met to discuss and share information about this issue. Through that meeting, action steps were outlined to review current disability resources available in Indiana 211's database and to share any additional resources that should be considered for inclusion. FSSA is in the process of transitioning Indiana 211 into the agency. As part of that transition, DDRS is working with key staff to ensure improved coordination and collaboration.	Indiana 211 has fully transitioned into FSSA. DDRS will be working with key staff to review these recommendations and identify opportunities to address them.
2.4	Developing transportation strategies promoting independence and employment through collaborative efforts of key stakeholders and public-private partnerships across rural and urban areas. This may include addressing multijurisdictional issues; encouraging more funding for public transportation models; working with state and local transportation boards to ensure representation of individuals with disabilities; improving existing infrastructure to be fully accessible; facilitating the use of private ride sharing systems; and encouraging the development of innovative options such as driverless vehicles.	Stakeholders, General Assembly		Strategy- Other Funding- Legislative	The Governor's Council for People with Disabilities has convened an on-going, inter-agency work group lead by Health by Design. This work group is focused on mobility management in Indiana. This effort has started with working together to develop existing resource and system maps. This effort has also included the launch of a three-part training series on Disability & Transit funded by the Governor's council and delivered in partnership with the Indiana Statewide Independent Living Council. While these are encouraging initial developments, additional policy and funding strategies will be needed	DDRS recently met with Health By Design to discuss their plans to reengage stakeholders around this important issue.

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2.5	Maximizing the incorporation of technology in the delivery of services to people with disabilities to increase individuals' access to community services, natural supports, and assist in addressing the direct support professional workforce shortage.	FSSA/DDRS	Waiver Redesign	Policy	DDRS recently engaged a group of Indiana assistive technology subject matter experts to provide insight on developing a strategic approach to technology. Over the next few months, DDRS will work with this group along with additional disability advocates and technology experts on an on-going basis to maximize technology throughout all programs. Other notable technology related activities include: Indianapolis recently hosting the Disability Cocoon's Tech Fest and the DDRS Director's membership in the Consortium of Technology States. Lastly, it is anticipated that Waiver Redesign activities will improve and expand upon existing technology related service definitions. As part of flexibilities made available in response to COVID, DDRS has expanded the availability of telemedicine to be used as a service delivery method for all HCBS services. Initial feedback from case managers, providers, and individuals served has been resoundingly positive. DDRS is working with OMPP to see how to preserve this as a long-term option. BDDS added Remote Supports to the FSW in July 2020. With this addition, eligibility for the service was expanded to individuals 14 & older to encourage exploration of this service.	During the pandemic, BDDS provided several trainings and resources to assist individuals and families in exploring remote technologies. In addition, BDDS was able to provide a telehealth option to access several waiver services. As we move out of the public health emergency, BDDS intends to continue to work toward integrating additional technology and telehealth options into waiver services in future waiver amendments as resources are available.
2.6	In collaboration with stakeholders, Indiana shall explore, expand, and promote workforce initiatives to help employers in hiring individuals with disabilities to create an inclusive workforce, which may include access to tax incentives, recruitment and retention strategies, training resources, etc.	General Assembly, DWD, IEDC, Stakeholders	Building VR Program Capacity and Quality	Tax incentives- Legislative Resources- DWD, IEDC Strategies- Stakeholders	Tax incentives need legislative action. Indiana Manufacturers Association partnered with The Arc of Indiana to start strategizing. Through Work to Include, employer toolkits will be developed to spread the word about hiring, dispel myths, and increase the number of people with disabilities hired locally. The Governor's Council and Vocational Rehabilitation promoted the Administration on Community Living's Inclusive Talent Pipeline for American Businesses. This initiative invited businesses to compete for cash prizes to help them expand their recruiting and retention programs to better include workers with disabilities, particularly workers with intellectual and developmental disabilities. The VR Business and Community Engagement team has been promoting the Governor's "Rapid Recovery for a Better Future" initiative found at Indiana's HUB for Rapid Recovery (www.yournextstep.org). This includes help accessing a job, or access to free training to learn new skills. Next Level Jobs, Employer Training Grants and 180 skills is found here, as well as Ivy Tech's free training.	

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3.2	The creation of a services and support system that supports and promotes self-advocacy, independence, and informed choice which leads to a good life.	FSSA/DDRS	Waiver Redesign / Living Well	Policy	<p>After hosting 15 Family and Self-Advocate Forums, the Division invested in becoming a part of the Supporting Families Community of Practice and adopting the Charting the LifeCourse (CtLC) Framework. Both of these efforts focus on empowering individuals and their families to design and direct their good life. The values and principles underlying the Community of Practice and CtLC were infused in the Redesign of our Person-Centered Individual Support Plans, including requirements that the individual lead their team meetings to the greatest extent possible. These values and principles, along with feedback from self-advocates and families, will continue to guide efforts related to Waiver Redesign. Further, through a recently secured a Federal grant (“Living Well”), the Division will also be Redesigning the way services and outcomes are monitored to promote independence and informed choice, as well as to enhance education and empowerment of individuals and families. To support its work in this area, the Division recently utilized resources available through the Living Well grant to enlist the UMKC to assist in providing LifeCourse Ambassador training to a wide variety of stakeholders, including self-advocates and families. This training is targeted at using the CtLC to build a vision for a good life and how to advocate for the supports needed to realize that vision. In January, we held a kick-off meeting with the Living Well Steering Committee to plan for implementing the LifeCourse Nexus which provides the framework for the LifeCourse Ambassador training. Through that effort, we’ve identified a small group of stakeholders to work with the Division as a leadership team. The Steering Committee is working toward the identification of expected outcomes for Daily Life and Employment; Advocacy and Empowerment; and Social and Spirituality.</p>	<p>Through discussion within the Steering Committee, BDDS/BQIS identified the need for system consensus on the issue of choice, as it is a foundational system value and significantly impacts self-advocates and families. As a result of their efforts, we have developed a ‘living’ definition of “choice”, as follows:</p> <p>Choice is when anyone has ownership and control in their daily life and decisions, with opportunity to seek information, explore and consider a variety of available possibilities, and request guidance, advice, and other supports. Choice includes the ability to take risks, to succeed, to fail, to try again, and to change one’s mind, as well as the assurance of respect for decisions and support to “follow through.”</p> <p>The Steering Committee is now focused on identifying ways to integrate this concept into existing systems and how to effectively understand and measure to what extent we are honoring this definition in our service delivery. In addition, BDDS is pursuing aligned philosophical and conceptual approaches through the Case Management Innovation Project.</p>
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 to a version that allows them to hire people they choose via a fiscal intermediary.	FSSA/DDRS	Waiver Redesign	Policy	<p>As outlined in the Initial Concept Paper, DDRS is exploring ways to build more self-directed options as part of Waiver Redesign. These options include participant directed goods and services and employing the Agency with Choice model. Through both options individuals would have greater choice and autonomy in building supports that address their unique needs and circumstances.</p>	<p>BDDS received mixed feedback through the waiver redesign stakeholder input process around the proposed Agency with Choice model. BDDS will continue to explore how to incorporate self-direction options into future service array options. The research and work between BDDS and HSRI has given DDRS information and input around the infrastructure and procedural components that will need to be built to support self-direction policies and approaches.</p>

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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 with the following crisis best practice components: 1. 24 hour telephone Response/Hotline 2. In-Home Service 3. Temporary Out-of-Home Placement resources for stabilization purposes 4. Telemedicine capacity and coverage 5. Reduction of risk/stabilization 6. Prevention strategy to anticipate/eliminate re-occurrence 7. Program staff/personnel and contractors should include: Psychiatrist, Behavior Clinicians or BCBAs, Psychologist, Direct Support Professionals or temporary staff support, Registered Nurse consultation	General Assembly, FSSA/DDRS	Waiver Redesign	Legislative, Policy	HEA 1488 requires FSSA to work in partnership with the 1102 Task Force to develop a plan for statewide crisis assistance program by July 1, 2020 and to establish a statewide crisis assistance program by July 1, 2021. Future legislative action will be needed to fund the program. The 1102 Task discussed this issue at its January 07, 2020 meeting. The discussion was supported by a presentation on the START Model from Dr. Joan Beasley. During the May 20 th meeting, the task force heard presentations from three other providers with experience in implementing crisis services including Benchmark Human Services, Meridian Health Services, and Stone Belt.	In July 2020, the FCC adopted rules designating 988 as the phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The adoption of the new rules reflects a commitment to delivering Americans necessary intervention services. Switching to an easy-to-remember 988 as the '911' for suicide prevention and mental health crisis services will make it easier for Americans in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues. (FCC Fact Sheet: 988 and Suicide Prevention Hotline). DMHA is leading Indiana's efforts to implement this new resource by July 2022. To support this effort, they have convened a planning commission (which includes DDRS, the Arc of Indiana, and INARF) and secured a grant to support their planning activities. DMHA is building its approach around the CrisisNOW model, which includes four core elements – 1.) high-tech crisis call centers 2.) 24/7 mobile crisis 3.) crisis stabilization program 4.) essential principles and practices. DMHA and DDRS are committed to working together to ensure this crisis response approach includes and is responsive to the needs of individuals with I/DD. During the Fall Task Force meeting, we intend to provide a more thorough overview of the planned approach and how it will assist in meeting the needs outlined in this recommendation.
3.7	The Division of Disability and Rehabilitative Services encourage the use of emerging technology in Medicaid HCBS waiver service delivery.	FSSA/DDRS	Waiver Redesign	Policy	See Recommendation 2.5	
3.8	Telehealth be approved as a viable and approved service delivery method for services, for example Behavior Management and Wellness Care.	General Assembly, FSSA/DDRS	Waiver Redesign	Legislative, Policy	This will be explored as part of Waiver Redesign; may need legislative action. See Recommendation 2.5	Telehealth was critical to the continuation of ongoing services and supports on BDDS waivers throughout the pandemic. BDDS intends to continue incorporation of a telehealth option for some services as appropriate to be able to continue to offer these supports going forward.

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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.	FSSA/DDRS, Self Advocates of Indiana	Waiver Redesign	Policy	As outlined in the Initial Concept Paper, DDRS is exploring the use of a Peer Support and Community Connection service that would help find opportunities for individuals to get out into the community and form relationships with people who are not paid to support them. This service would use a main coordinator and people who have experienced disability themselves to help participants make these connections.	DDRS continues to explore the inclusion of peer specialists and evaluate the ability to include such a service in future waiver amendments. We are partnering with The Arc of Indiana and Self-Advocates of Indiana to explore ways of including peer specialists in our efforts to support individuals in nursing facilities who are considering returning to the community.
3.10	Indiana to encourage efforts to increase the use of supported decision-making and other alternatives to guardianship.	General Assembly	Living Well	Legislative	The General Assembly passed SEA 380 providing an option for Supported Decision-Making. Indiana Disability Rights has received a technical assistance grant to convene a SDM Coalition to develop plans for advancing strategies to ensure the self-determination of adults with I/DD and older adults through decisional supports. The Office of Special Education, Governor's Council and, IDR collaborated on the "Spread the Word - Options for Supporting Choice" to inform schools about supported decision-making and other options. An article about SDM and the related Spread the Word document was published in the September edition of the Special Education Newsletter. IDRs work to develop a plan for advancing SDM continues. Once complete, IDR will share the resulting plan with the task force.	To support individuals in building skills related to decision-making and advocacy, the Living Well Project is providing access to Charting the LifeCourse Ambassador Series tailored specifically to self-advocates. Through this series individuals are support with tools, resources, and experiences in using the Charting the LifeCourse Framework in their own life, in peer support, and in self-advocacy.
4.2	The creation of an array of living settings that support people with disabilities living in a setting of their informed choice that allows them to enjoy their interests, hobbies, and preferred lifestyle.	DDRS	Waiver Redesign	Administrative	Addressed as part of Waiver Redesign and Institutional Modernization	The Institutional Modernization Workgroup finalized recommendations at the end of 2020. See Recommendation 1.10 for additional details

Launched / On-Going						
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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 of options should provide opportunities for people with all abilities to work that provides for growth, respect, preferences, and interests. In developing this array of options, a stakeholders group, led by Self-Advocates of Indiana, must come together to discuss the use of 14c certificates (sub-minimum wage) in Indiana in 2019 and develop strategies to assist provider agencies to transition away from utilizing 14c certificates.	Self Advocates of Indiana, Stakeholders, DDRS	Building VR Program Capacity and Quality / Waiver Redesign	Policy	The Employment Workgroup is made up of a variety of stakeholders including self-advocates, parents of individuals with disabilities, providers, employers, and state representatives. It is led and organized by the Self-Advocates of Indiana. The first few meetings we spent identifying the barriers to employment for individuals with disabilities. We've had guest speakers discuss a variety of issues. We also had the Waiver Redesign group attend the meeting to get feedback about employment supports that we need to include on the waiver. Specifically, the group identified the need for increased transportation supports on the waiver and benefits counseling services. The group has identified key issues that we will be tackling individually at upcoming meetings. The goal will be to discuss each issue and develop a plan to address to develop an array of employment opportunities and reduce barriers to employment. We have been looking at what other states are doing to address these problems and have shared these during the meetings. We hope to utilize what other states are doing for a framework to create a plan in Indiana. In February 2020, the workgroup met in person and continued to collect information related to potential recommendations. The group heard a presentation from Peak Community Services' staff and individuals-served about the benefits of being able to participate in a sheltered workshop program. Additionally, there was a presentation from an organization in Oregon that provided information about their experience with shifting away from the sheltered work model. In May, June, and July 2020, the workgroup met virtually and focused on the development of a recommendation structure and specific recommendations connected to three key areas of concern: benefits information, transportation, and shifting from organizational employment to community employment. At this point, the group has completed the structure of the recommendations and has consensus agreement from the group on most of the recommendations. The intent will be to finalize and vote on recommendations at the meeting in September and should be able to submit a final document by October 1.	The Employment Array Workgroup which was led and organized by Self-Advocates of Indiana finalized their recommendations. The work group met over 13 times to discuss opportunities and barriers related to ensuring individuals with I/DD have access to employment opportunities. Through those meetings, the work group identified three primary issues impacting employment – transportation, avoiding benefit cliffs, and sub-minimum wage. The work group provided specific recommendations to address each of these issues.

Launched / On-Going						
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4.4	Developing a plan to enable the Bureau of Rehabilitation Services to serve all Order of Selection priority categories by 2021, or as soon as possible, which would rely upon increased fiscal and staff resources.	General Assembly, FSSA/DDRS	Building VR Program Capacity and Quality	Legislative, Policy	Per HEA 1488, the Bureau of Rehabilitation Services is required to assess its ability to service all Order of Selection categories and report the results of its assessment to the Commission on Rehabilitation Services and the 1102 Task Force. HEA 1488 also includes a timeline for moving out of Order of Selection, when increased fiscal and staff resources are available. The updated assessment was shared with the taskforce at the September 2020 meeting.	VR has been releasing individuals from delayed status, in phases. To date, 700 individuals have been released from delayed status, with 500 of those released since January 2021. VR plans at least one additional release of individuals prior to the end of CY21.
4.5	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.	General Assembly		Legislative	Requires legislative action to advance.	The General Assembly included resources in HEA1001-2021 to support a 14% increase on certain Home and Community Based Services Waiver Services to increase the average wage of DSPs to \$15.00/hour. BDDS is working to implement this increase using the Appendix K authority through CMS, which allows states to make temporary changes to their HCBS programs during disasters, including public health emergencies. Using this authority will allow for the increase to be realized as close to July 1st, as possible. BDDS will be submitting formal waiver amendments this Fall to make the rate change permanent.

Need Action					
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1.2	An appropriation, to be known as the 1102 IDD Task Force Community Living Expansion Initiative, to fund Medicaid HCBS waiver slots for non-emergency priority placement using criteria developed by the Division of Disability and Rehabilitative Services to allow some level of expansion of individuals seeking to live in the community, away from their family, while creating the opportunity for families to support individuals in making this transition to living away from their family.	General Assembly	Waiver Redesign	Legislative	Requires legislative action to advance.

Need Action					
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2.3	People with IDD, or their interests, are included in the state's initiatives related to the development and use of driverless vehicle technology in Indiana, to ensure it advances freedom and connectivity to community for people with disabilities.	General Assembly, DDRS, Stakeholders		Legislative	Continued strategies are needed. Requires legislative action to advance.
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.	General Assembly, FSSA/DDRS		Legislative, Policy	May require legislative action to advance. Recently, DDRS met with representatives from the Strategic Indiana Provider Network (SIPN), a shared services company representing 10 Indiana non-profit agencies providing services to individuals with disabilities, children, and families, to learn more about the effort they made in developing a comprehensive, competency-based training curriculum. SIPN has cross-walked this training to both Indiana requirements and national accreditation standards. Recently, they partnered with IIDC to further enhance this training and will be able to offer this curriculum to other providers in the near future.
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.	General Assembly, FSSA/DDRS		Legislative	Requires legislative action to advance. The Arc of Indiana's 2020 Public Policy Agenda included efforts to seek legislation to create a registry of Indiana's Direct Support Professionals. Those efforts did not advance during the session.
4.8	Appropriations ⁵ for DDRS and other state agencies sufficient to develop, plan, and implement Task Force recommendations in keeping with timelines specified in this report or, in the absence of a specified timeline, at the earliest date possible.	General Assembly		Legislative	Requires legislative action to advance.