



Welcome to the

Intellectual & Developmental Disabilities Task Force

October 14, 2021
Indiana Government Center South
Conference Room B





Agenda

- I. 10:00 AM - Lt. Governor Suzanne Crouch Calls Meeting to Order
- II. 10:00 AM - Public Comment
- III. 10:30 AM - Introduction of Task Force Members
- IV. 10:35 AM - Review and Approval of Minutes from
June 14, 2021 Meeting





Agenda

V. 10:40 AM - 988 Overview and Update

Corresponding 1102 Recommendation(s):

Rec. #	Impacted by COVID	ARPA Support	Recommendation
3.5	Yes	Yes	<p>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:</p> <ol style="list-style-type: none">1. 24 hour telephone Response/Hotline2. In-Home Service3. Temporary Out-of-Home Placement resources for stabilization purposes4. Telemedicine capacity and coverage5. Reduction of risk/stabilization6. Prevention strategy to anticipate/eliminate re-occurrence7. Program staff/personnel and contractors should include: Psychiatrist, Behavior Clinicians or BCBA's, Psychologist, Direct Support Professionals or temporary staff support, Registered Nurse consultation





President Signs National Suicide Hotline Designation Act Into Law

S.2661 - National Suicide Hotline Designation Act of 2020

116th Congress (2019-2020)

LAW Hide Overview X

Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation

FCC designates

988

for national suicide prevention hotline



Coming in 2022:

988

National Suicide Prevention Lifeline



Division of Mental Health and Addiction





9-8-8 is more than a number

It's a chance to transform crisis care in Indiana



Someone to call
Statewide 24/7 call
center(s)



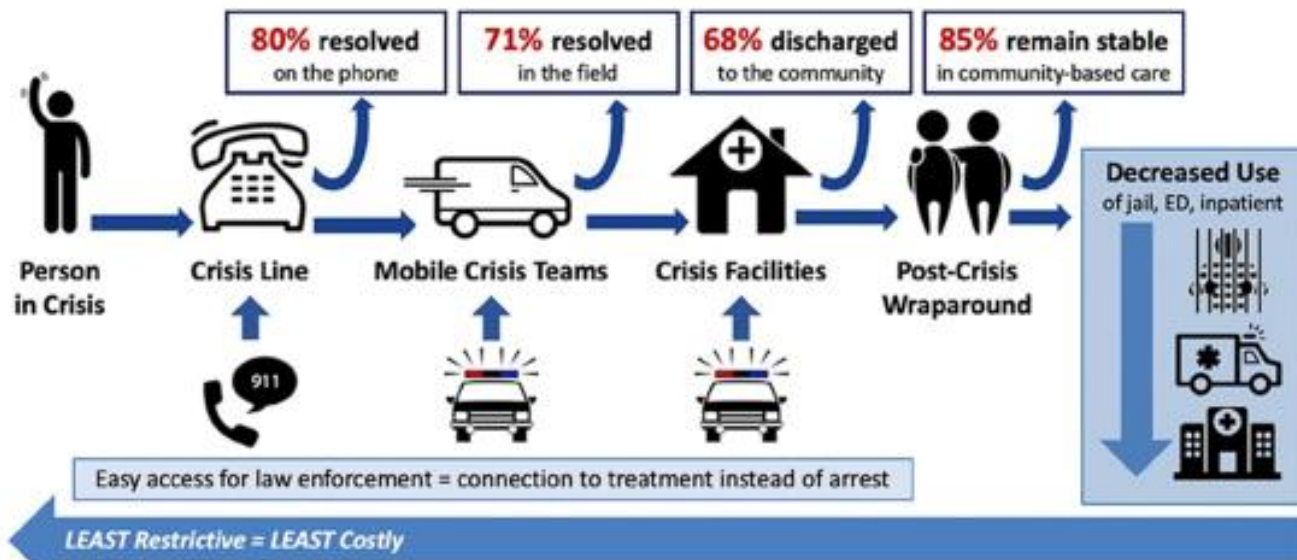
**Someone to
respond**
Mobile crisis teams



A place to go
Short-term crisis
stabilization
facilities

A system that will serve anyone, anytime, anywhere

Crisis system: Alignment of crisis services towards a common goal



Balfour, M.E., Hahn Stephenson, A., Winsky, J., & Goldman, M.L. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors.



FSSA's commitment to Crisis Response and I/DD integration

- Close collaboration between DDRS/DMHA
- I/DD representation on working groups
- Focus group with advocates
- Experts to consult on system design and payment models



Agenda



VI. 11:10 AM Employment - Overview and Discussion

Rec. #	Impacted by COVID	ARPA Support	Recommendation
4.3	Yes	Yes	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 stakeholders 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.
1.5			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.
1.6		Yes	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.
1.7	Yes	Yes	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.

Bureau of Rehabilitation Services Update

1102 Taskforce

October 14, 2021

Theresa Koleszar, MS, CRC
Director, Bureau of Rehabilitation Services



Vocational Rehabilitation Updates

- Services continued during pandemic; maintained timeliness standards
- VR staff retention continues to improve
- 2 years VR systems modernization anniversary
- Mental health employment summit in May 2021 (including co-occurring disorders)
- Individual Placement and Support (IPS) kick-off with Aspire and Grant Blackford Mental Health Centers



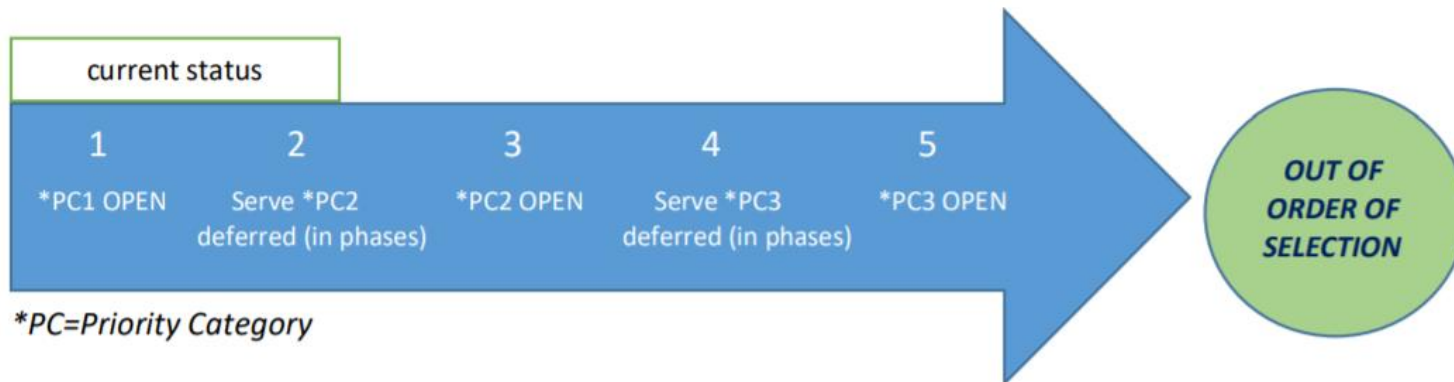
Vocational Rehabilitation Needs Assessment

- Comprehensive Statewide Needs Assessment completed every three years
- Help us to understand how to improve services and employment outcomes for individuals with disabilities
- [VR Needs Assessment Survey](#)
- Please share link with your constituent groups
- The survey will end October 25, 2021
- If you need assistance in completing the survey, please call 800-545-7763

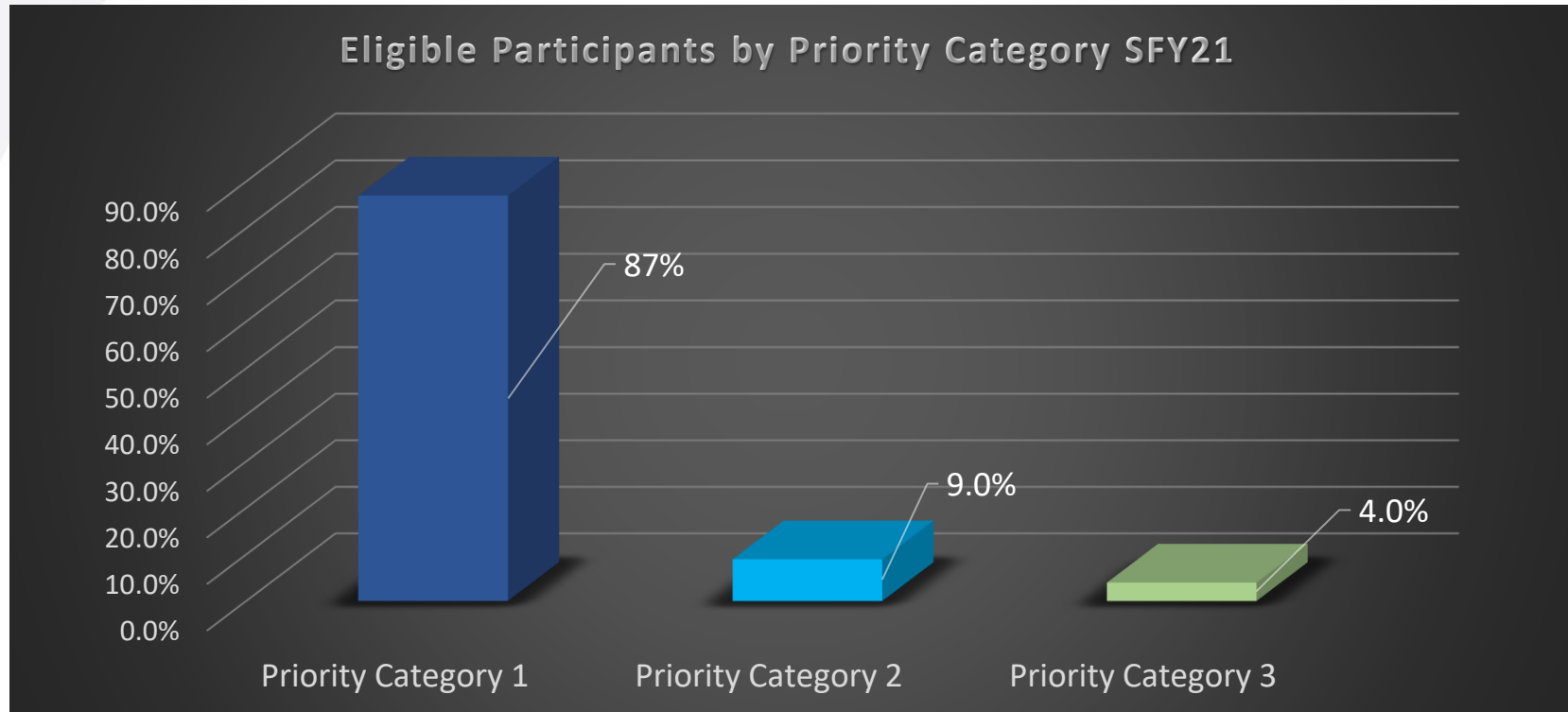


HEA-1488 Annual Update

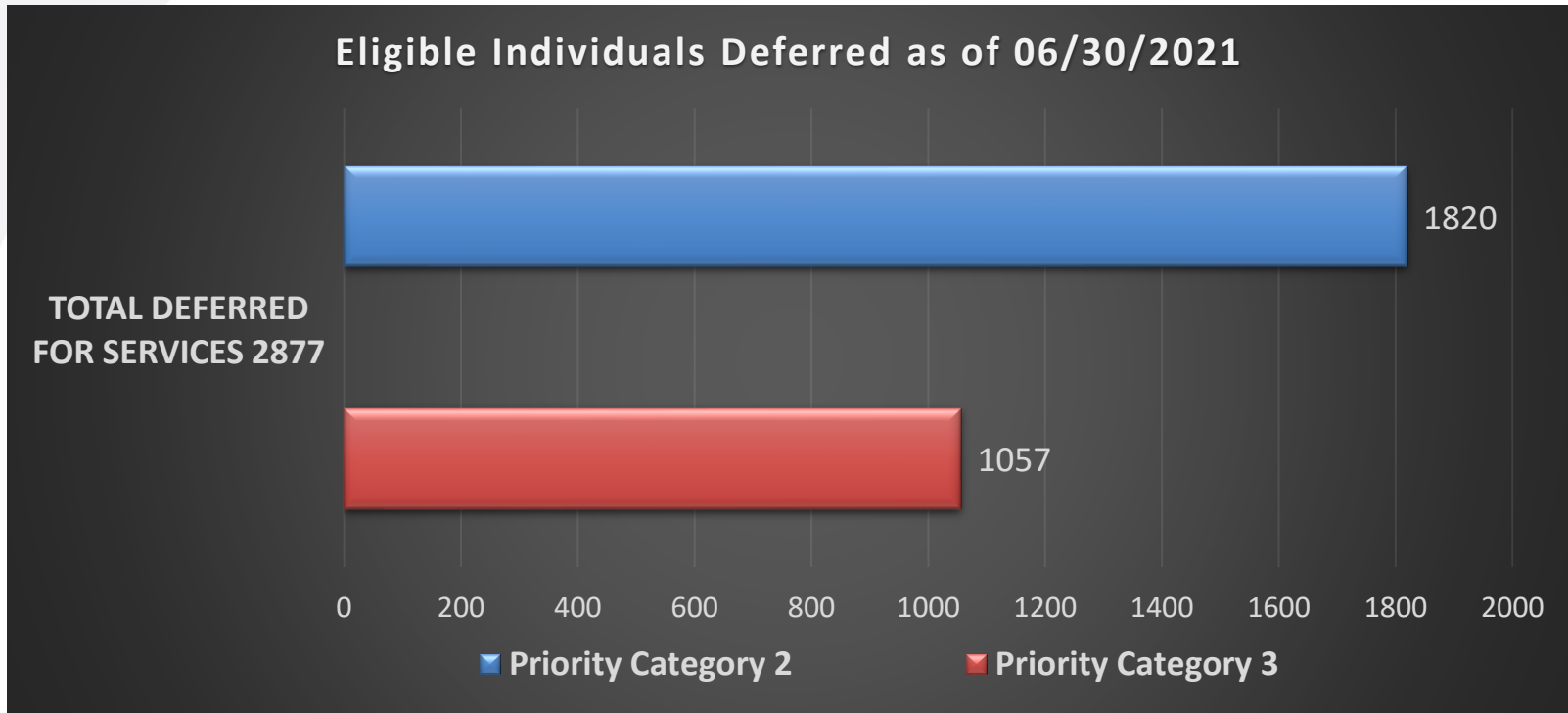
- 8% VR Counselor turnover in SFY21 (9% in SFY20)
- Budget remains consistent with recent years
- Order of selection remains in effect however eligible individuals are actively being released from delayed status in phases
- Approx. 1,000 individuals released to date



HEA-1488 Annual Update



HEA-1488 Annual Update



Total deferred 10/4/21 update: 2607 total

- Priority category 1 – 1507 (58%)
- Priority category 2 – 1100 (42%)



HEA-1488 Annual Update

- [HEA-1488 2021 update - full report](#)
- Questions



American Rescue Plan Act

Enhanced FMAP Spend Plan Overview

Provides a temporary 10% enhanced FMAP on state Home and Community Based Services expenditures from April 1, 2021 through March 31, 2022

Enhanced funds can be used through March 31, 2024 to enhance, expand, or strengthen Home and Community Based Services

States are required to submit an initial plan for these funds and provide quarterly updates



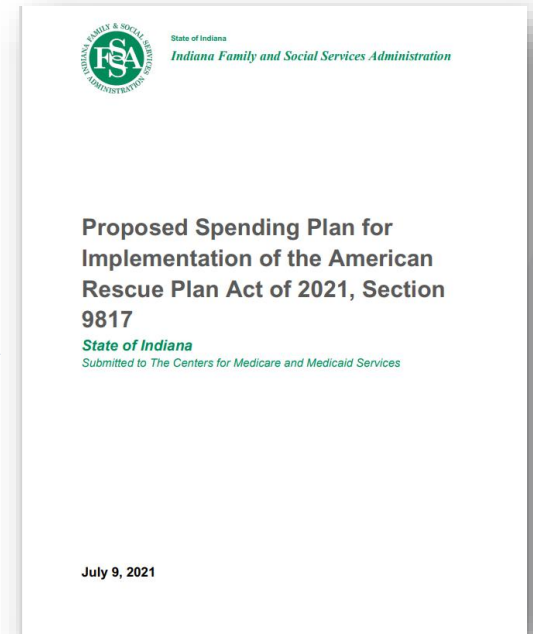
FSSA's Approach to Enhanced FMAP

FSSA developed a Spending Plan for the use of enhanced FMAP available via ARPA to improve HCBS delivery and health outcomes for all Hoosiers, ensuring alignment with stakeholders, partners, and FSSA divisions.

650
Stakeholder
Survey
Responses

Alignment
with
Priorities and
Initiatives

Stakeholder
Meetings



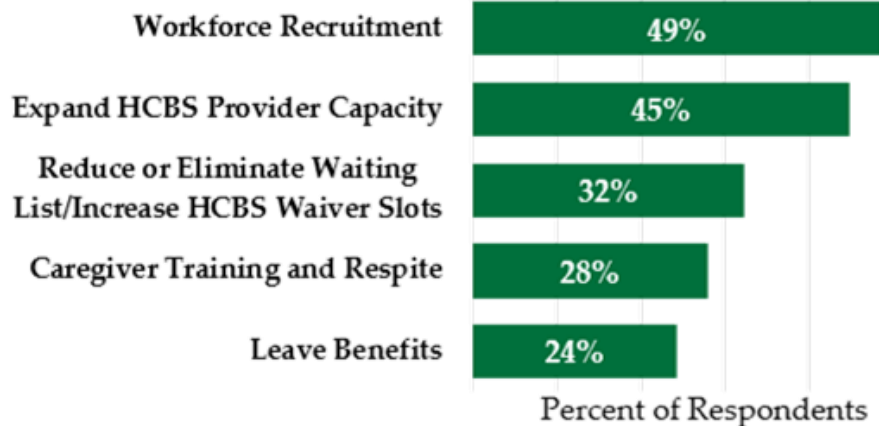
HCBS Enhanced FMAP

FSSA developed a Spending Plan for the use of enhanced FMAP available via ARPA to improve HCBS delivery and health outcomes for all Hoosiers, ensuring alignment with stakeholders, partners, and FSSA divisions.

Stakeholder Survey Results

Respondent Type	Percent
HCBS industry provider	35%
Other	20%
Family Caregiver	17%
Consumer (HCBS recipient or potential recipient)	10%
Direct service professional	9%
Consumer advocate representative	6%
HCBS industry/association representative	3%

Top 5 HCBS Priorities Identified by Respondents



Spending Plan Summary

Plan Component	Percent Allocated
Stabilize Provider Network	20%
Provider & workforce stabilization grants to address COVID-related expenses & bonus pay**	
Workforce Support	25%
Recruit & retain workforce Private Duty Nursing to provide in-home care**	
Enhance HCBS Services	20%
Address social needs by building integrative partnerships with state & community entities Presumptive eligibility model to improve access**	
Build Provider Capacity	30%
Build capacity to deliver HCBS Right-size institutional networks**	
Support Families & Caregivers	5%
Caregiver training for waiver participants families Caregiver survey to understand & address gaps in existing mental health supports**	

Enhanced FMAP Funding Range*

\$670.6 M - \$877.6 M

*Estimations based on 0% to 33% of spend in the first year.

American Rescue Plan Act Enhanced FMAP Spend Plan and Employment

- FSSA will work with self-advocates, families, and providers to develop a comprehensive approach to increasing competitive, community-based employment for people with IDD rooted in the
 - Task Force for Assessment of Services and Supports for People with Intellectual and Developmental Disabilities [including the Employment Array Workgroup Recommendations] and
 - Indiana Employment First Plan



American Rescue Plan Act

Enhanced FMAP Spend Plan and Employment

- This approach will include strategies that
 - Emphasize enhanced benefits planning support
 - Build Indiana’s Self-Advocacy leadership network
 - Training and resources to build stakeholder and system capacity
 - Support for providers interested in transitioning out of 14 (c) toward community integrated employment
 - Use quality-driven payment mechanisms, such as pay for performance





INDIANA
DEPARTMENT OF
WORKFORCE
DEVELOPMENT

Connecting & Engaging.
It's What We Do!

Employment Data & Service Provision - DWD

October 14, 2021

Marilyn Pitzulo, Associate Chief Workforce Strategy & Design

Department of Workforce Development

10 N. Senate Avenue, IGCS SE 203 | Indianapolis, IN 46204

mpitzulo@dwd.in.gov





Indiana Department of Workforce Development (DWD)

MISSION

Connecting people and employers through engagement with continued accountability and transparency, while celebrating, valuing and prioritizing equity, inclusion and diversity.

DWD'S UNITS

DWD fulfills its mission through 2 primary Agency Units:

1. Workforce Operations
2. Unemployment Insurance



WORKFORCE OPERATIONS

DWD develops & implements strategies designed to assist individuals to **obtain the necessary training and skills, leading to career mobility**

DWD administers or partners with agencies and community organizations on numerous programs to place these individuals in high-demand, high-wage jobs, and help employers recruit, train and retain employees.



INDIANA
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WORKFORCE
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AMERICAN COMMUNITY SURVEY ESTIMATES

**Population 16 years of age
and over**

With any disability

Total	5,346,452	Total	450,336
Labor Force		Labor Force	
Participation Rate	64%	Participation Rate	42.9%
Unemployment		Unemployment	
Rate	4.20%	Rate	7.90%

Disability Characteristics - Indiana

Indiana	Estimated Total	Estimate with a disability	Estimate percent with a disability
Total civilian noninstitutionalized population	6,631,529	894,735	13.5%
With a cognitive difficulty	(X)	347,077	5.6%
Population under 18 years	1,149,118	52,853	4.6%
Population 18 to 64 years	4,020,180	213,144	5.3%
Population 18 to 34 years	1,521,782	73,990	4.9%
Population 35 to 64 years	2,498,398	139,154	5.6%
Population 65 years and over	1,047,678	81,080	7.7%
Population 65 to 74 years	627,972	28,813	4.6%
Population 75 years and over	419,706	52,267	12.5%



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DISABILITY & EMPLOYMENT E-LEARNING MODULES

Module 1: Serving Individuals with Disabilities-A Day in the Life of an American Job Center

Module 2: Working Across Partners-A Day in the Life of an American Job Center

Module 3: Providing Inclusive Business Services-A Day in the Life of an American Job Center



DISABLED PERSONS SERVED IN THE WORKONE SYSTEM

Career Services

PY 207,395 Individuals
PY 1910,033 Individuals

35,913 Services
54,317 Services

Training Services

PY 201,045 Individuals
PY 19,962 Individuals

8,499 Services
7,471 Services

Adult Education Services

PY 202,456 Individuals
PY 192,980 Individuals



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CONTACT INFORMATION

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<https://www.in.gov/dwd/>





Agenda

VII. 11:55 AM Break

VIII. Waiver Resign and Case Management Innovation Update

Rec. #	Impacted by COVID	ARPA Support	Recommendation
1.4		Yes	The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign
1.1	Yes	Yes	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 met the unique needs of all individuals served, accounting for age, family and community support systems, behavioral and mental health needs, and health factors.
3.2	Yes	Yes	The creation of a services and support system that supports and promotes self-advocacy, independence, and informed choice which leads to a good life.
3.9	Yes	Yes	The inclusion of peer specialists as a Medicaid HCBS waiver service, enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities.
4.2	Yes	Yes	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.



Waiver Redesign and Case Management Innovation

Supporting individuals and families to live their best lives



Goals and Guiding Principles

Increase Person-Centered Planning

Improve Coordination of Care

Increase Community Engagement

Enhance Member Experience

Maintain Qualified Providers

Comply with HCBS Rule

Promote Efficiency



Our Current Modified Approach to Waiver Redesign

Synthesis of Stakeholder Feedback and Current Capacity
to Inform Areas of Priority

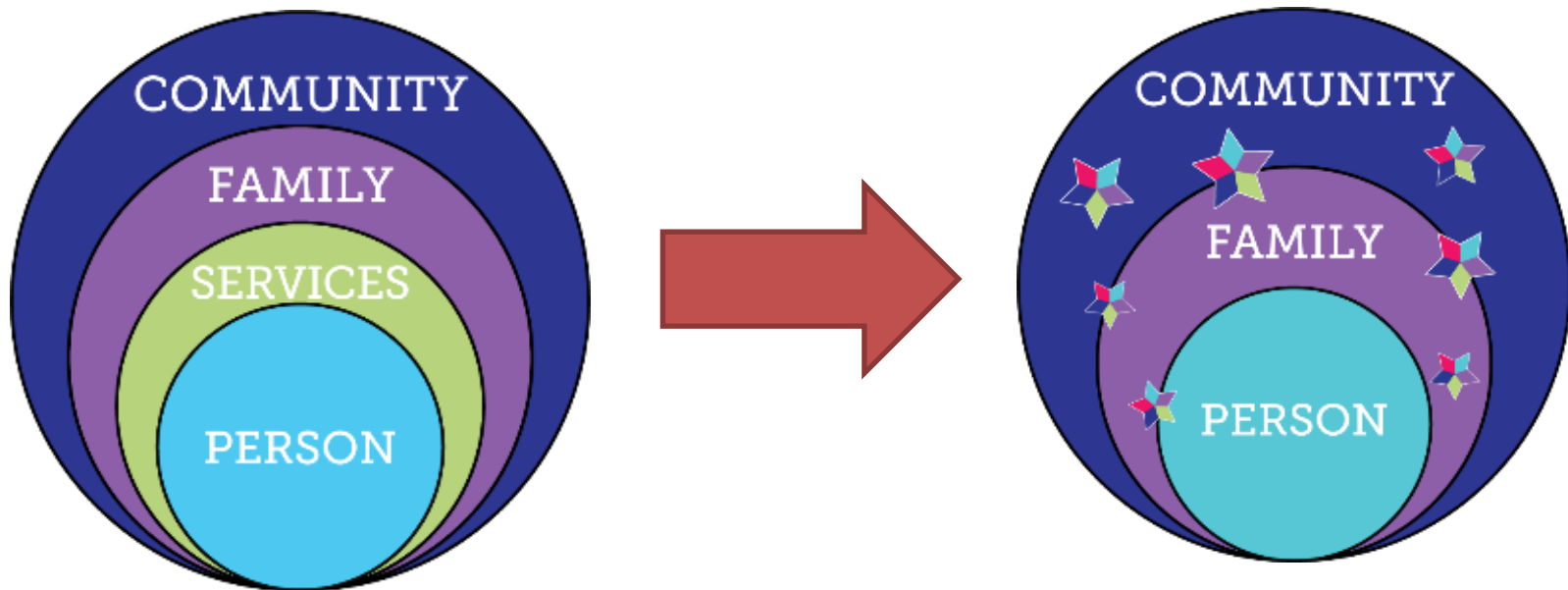
Improve team dynamics
through shared
outcomes and
communication

Enhance Case
Management and
System Navigation

Focus on key supports
to build independence

*All people have the right to live, love, work, learn, play
and pursue their dreams.*





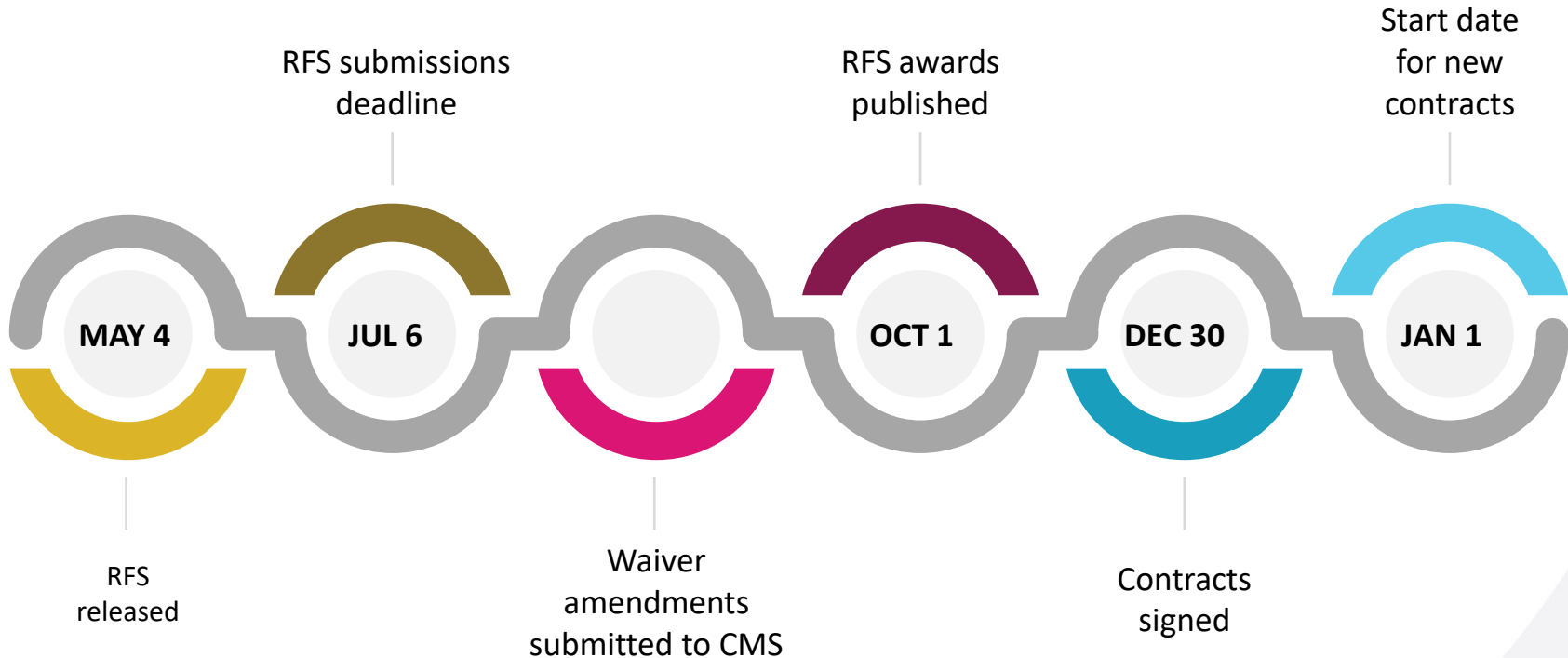
To provide integrated supports and services
within the context of person, family and
community

Enhance Case Management and System Navigation

- Case management is a foundational service which all other supports and services are coordinated.
- Using selective contracting enables us to affirm that available case management entities have the infrastructure, resources, and practices to implement this service consistently.



Case Management Innovation Timeline



Current Project Status

- October 1, 2021, IDOA announced the awards for the RFS. The following case management organizations will be awarded a contract:
- Indiana Professional Management Group (IPMG)
- Unity of Indiana
- Inspire Case Management
- Columbus Organization
- Connections Case Management
- CareStar of Indiana



Current Project Status

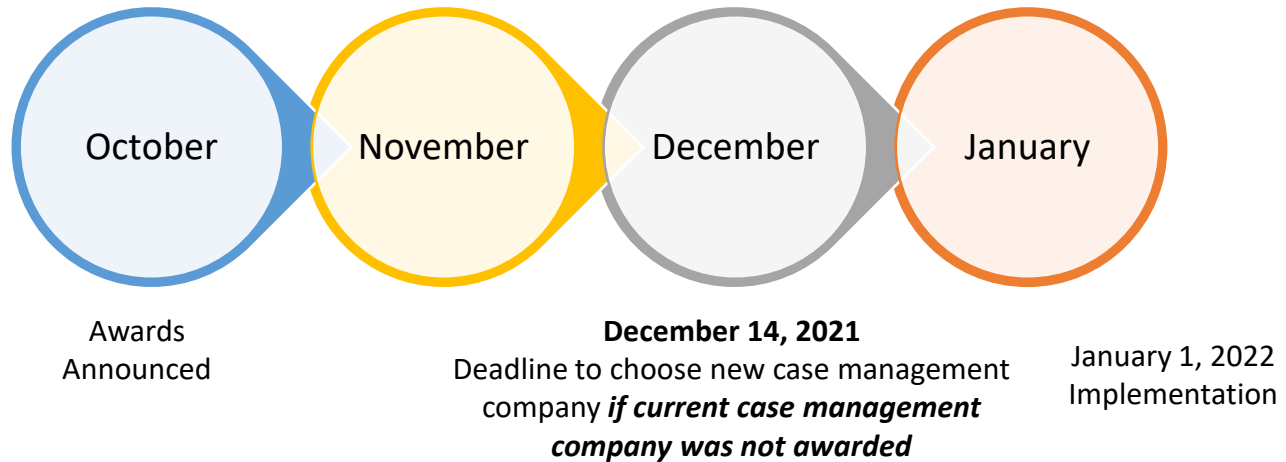
- Total number of individuals Served on BDDS Medicaid waivers (CIH and FSW): **31,544**
- Total number of Individuals who need to choose a new case management company - % of total people served: **4,997 (15.8%)**
- BDDS is using existing procedures and data system tracking tools to monitor all individuals' selections to ensure everyone who needs to have a new case management company selected does so by the end of 2021.



Current Project Status

Case Management Companies Not Selected		
CMCO	# of Individuals Served	# of Case Managers Employed
CICOA	106	4
Integrated Supports	262	8
Futures	1,564	35
Advocacy Links	3,065	81
	4,997	128

Transition Supports for Individuals & Families



- Informational Webinars
- Meet and Greet Opportunities
 - Public Meetings
 - Phone Outreach

Resources for Individuals and Families

Information and Resources Available on [Case Management Innovation Webpage](#)

- [Toolkit for Individuals and Families](#)
- [FAQ for Individuals and Families](#)
- [Choosing a new case management company guide](#)
- [RFS Materials](#)

Additional Reference Information

- Awarded case management company proposals/responses on the [IDOA website](#)



Agenda

IX. 12:35 PM - Priority Waiver Category Discussion

Rec. #	Impacted by COVID	ARPA Support	Recommendation
1.3	Yes		Modifying current legislation dictating waiver placement priority to current Medicaid HCBS waivers.



History of Priority Categories - HEA 1266-2008

Establishes in Priority Categories in Indiana Code

(d) Before July 1, 2008, the office shall apply to the United States Department of Health and Human Services for approval to amend a waiver to set priorities as described in subsection (e) in providing services under the waiver.

(e) The waiver amendment must provide for the following individuals to be given priority in receiving services under the waiver:

(1) An individual who is determined by the state department of health to no longer need or receive active treatment provided in a supervised group living setting.

(2) An individual who is receiving service under the direction of the division in a supervised group living setting, nursing facility, or large private intermediate care facility and has a history of unexplained injuries or documented abuse that is

substantiated by the division and that threatens the health and welfare of the individual.

(3) A current resident, or the guardian of a resident who is incapacitated, of a large, private intermediate care facility for the mentally retarded who requests to leave the facility.

(4) An individual who will be attaining the maximum age for a residential or group home setting funded by the department of education, the division of family resources, or the office.

(5) An individual for whom the primary caregiver of the individual is no longer able to care for the individual due to:

(A) the death of the primary caregiver;

(B) the long term institutionalization of the primary caregiver;

(C) the long term incapacitation of the primary caregiver; or

(D) the long term incarceration of the primary caregiver.

(6) An individual who is on the waiver waiting list and has been determined to have a shortened life span as defined by the division.

(7) Any other priority as determined by the division.



History of Priority Categories - HEA 1001-2011 Struck Language for HEA 1266 and Replaced With

(d) Before **October 1, 2011**, the office shall apply to the United States Department of Health and Human Services for approval to amend a waiver to set an emergency placement priority for individuals in the following situations:

(1) Death of a primary caregiver where alternative placement in a supervised group living setting:

(A) is not available; or

(B) is determined by the division to be an inappropriate option.

(2) A situation in which:

(A) the primary caregiver is at least eighty (80) years of age; and

(B) alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

(3) There is evidence of abuse or neglect in the current institutional or home placement, and alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

(4) There are other health and safety risks, as determined by the division director, and alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

(~~h~~) (e) The division shall report on a quarterly basis the following information to the division of disability and rehabilitative services advisory council established by IC 12-9-4-2 concerning each Medicaid waiver for which the office has been approved under this section to administer an emergency placement priority for individuals described in this section:

(1) The number of applications for emergency placement priority waivers.

(2) The number of individuals served on the waiver.

(3) The number of individuals on a wait list for the waiver.



History of Priority Categories - HEA 1001-2011

Section 144

- Required the Division to make recommendations to reduce the aggregate and per capita cost of the waiver
- DDRS convened a stakeholder workgroup to develop recommendations in response to this directive
- Results:

To reduce the cost per capita of the DD Waiver within the HCBS Medicaid program, two changes must occur:

- A concerted effort to maintain the family unit
- A shift in the current culture that DD Waivers services are the only means by which meaningful life can be achieved for individuals with developmental disabilities



History of Priority Categories - HEA 1001-2011

Section 144

To accomplish this shift, the Section 144 Report set forth the following purpose for the Family Support Waiver:

- 1) The Family Supports Waiver is not meant to be a “placeholder waiver” for the DD [CIH] Waiver
- 2) The Family Supports Waiver is designed to assist families to continue to care for individual in their life with a developmental disability – at home.
- 3) The Family Supports Waiver will have an individual funding cap.
- 4) The Family Supports Waiver will not be funded with new dollars.



Community Integration and Habilitation Waiver Purpose

GOALS AND OBJECTIVES: The CIH waiver

- provides access to meaningful and necessary home-and community-based services and supports,
- seeks to implement services and supports that respects the participant's preferences, aspirations, and health and safety needs,
- ensures that services are cost-effective,
- facilitates the participant's involvement in the community where he or she lives and works,
- facilitates the participant's development of social relationships in his or her home and work communities, and
- facilitates the participant's independent living.



CMS Settings Rule Requirements

Overview of the Settings Provision

The final rule requires that all home and community-based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.



Community Integration & Habilitation (CIH) Waiver Health and Safety Determinations

- Do the needs of the individual reflect a health and safety issue consistent with the significance represented in the enumerated Emergency Placement categories?
- Is (or should) the need be addressed through services the person is legally entitled to receive or otherwise available in their community?
- Is a Supervised Group Living setting available and appropriate based on the individual's needs?



Community Integration & Habilitation (CIH) Waiver - CIH Applications Emergency Placement Category 7/1/20-6/30/21 - Application Data

Application Category	Application Received	Application Approved	# Appealed	# Decision Supported*	# Petitioner Supported
Health & Safety	352	102	115	112	3
Caregiver over 80	30	30	0	0	0
Loss of Caregiver	32	32	0	0	0
Abuse & Neglect	7	7	0	0	0
Total	421	168	115	112	3

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



* Includes appeals that were voluntarily withdrawn or dismissed



Agenda

- X. 1:20 PM - Legislative Update / Discussion
- XI. 1:45 PM - Business Items for Next Meeting
(Must be prior to June 15)
- XII. 2:00 PM - Adjournment





Thank you for attending the

Intellectual & Developmental Disabilities Task Force



Appendix



Employment Rate for Hoosiers with Disabilities

36.9%

Employment Rate
of Hoosiers with
Disabilities

VS

81.6%

Employment Rate
of Hoosiers
without Disabilities

Employment Rate for Hoosiers with Disabilities by Type of Disability

Disability Type	%	MOE	Number	MOE	Base Pop.	Sample Size
No Disability	81.6	0.49	2,682,600	28,910	3,288,200	31,637
Any Disability	36.9	1.65	164,800	9,190	447,200	4,708
Visual	43.4	4.09	33,500	4,180	77,100	812
Hearing	52.9	3.85	46,800	4,940	88,500	897
Ambulatory	23.6	2.07	52,500	5,230	222,100	2,289
Cognitive	26.5	2.33	49,800	5,090	188,100	1,993
Self-Care	15.4	2.95	12,100	2,510	78,500	772
Independent Living	18.4	2.21	29,600	3,930	161,000	1,743

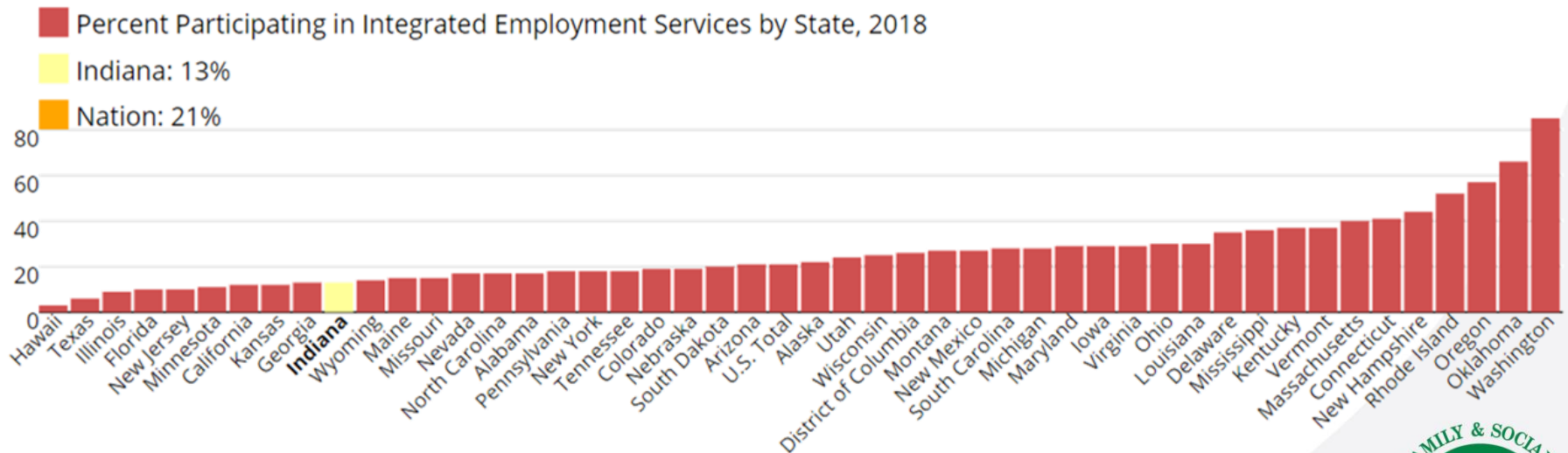
Source: https://www.disabilitystatistics.org/StatusReports/2018-PDF/2018-StatusReport_IN.pdf, p. 31-32



Type of Employment - Persons with I/DD

	Indiana 2018		Nation 2018	
	Number	Percent	Number	Percent
Total in day and employment services	14,257		641,608	
Total in integrated employment services	1,787	13%	135,228	21%
Total funding for day and employment services	\$80,418,246.00		\$9,376,286,593	
Total funding for integrated employment services	\$2,949,950.00	3.7%	\$891,362,403	11.6%

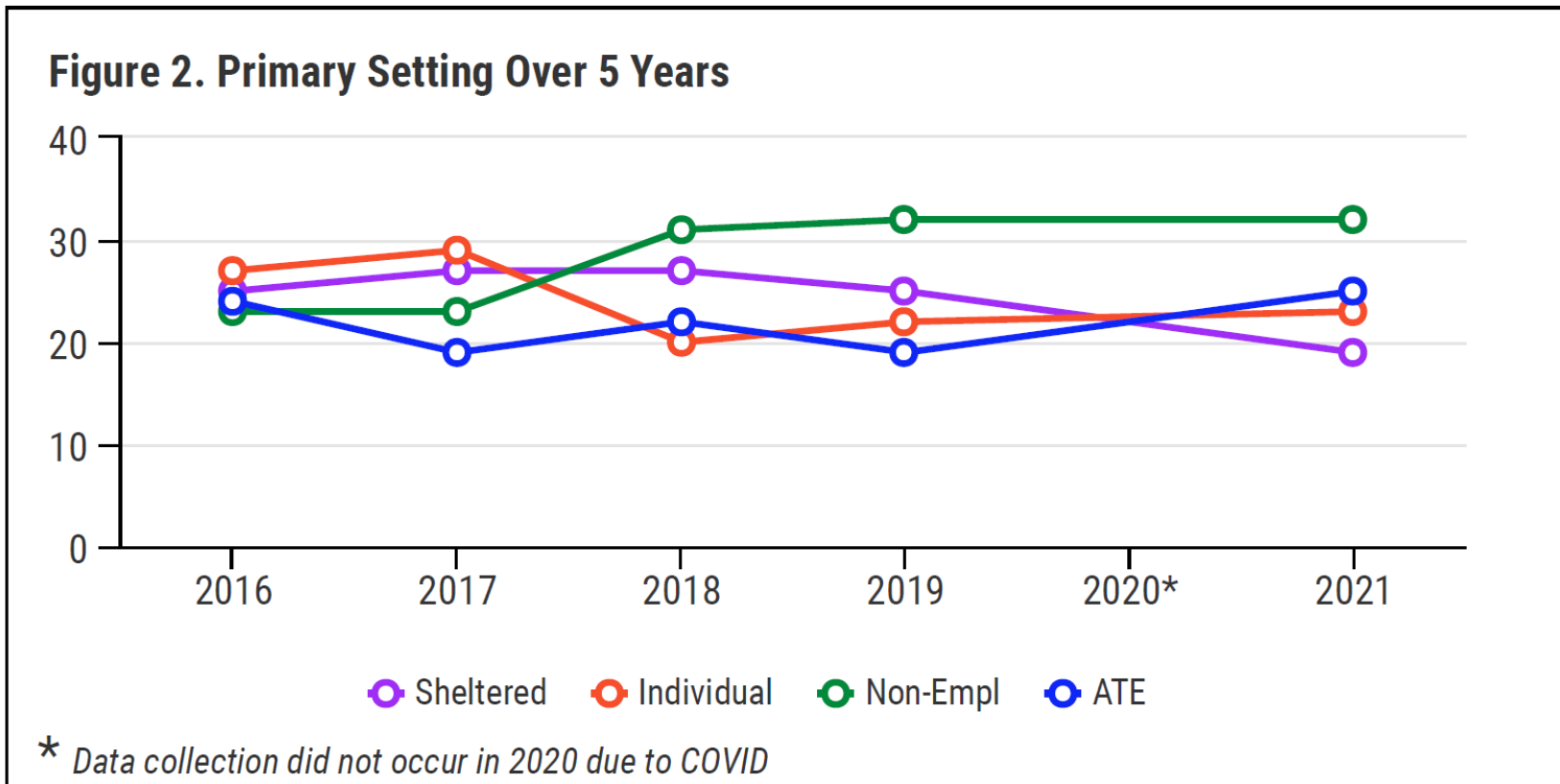
* = Data not available



Source: <https://www.statedata.info/statepages/Indiana>



Type of Day Setting - Persons with I/DD Supported in Indiana's Service Delivery System



Source: 2021 Day and Employment Services Outcomes System Report, Indiana Institute on Disability and Community



Average Weekly Hours Worked and Hourly Pay - Persons with I/DD Supported in Indiana's Service Delivery System

Average Weekly Hours Worked And Hourly Pay

