Members

Rep. Sheila Klinker, Chairperson
Rep. Suzanne Crouch
Sen. Connie Lawson
Sen. Connie Sipes
Sally Lowery
Suda Hopkins
Betty Williams
Christopher Durcholz
Susan Ferverda Hoback
Bettye Dunham
Scott Sefton
Sharon Kooi

COMMISSION ON DEVELOPMENTAL DISABILITIES

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MEETING MINUTES[1]

Meeting Date:	**October 26, 2010**
Meeting Time:	**1:99 P.M.**
Meeting Place:	**State House, 200 W. Washington St., House Chamber**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**3**

Members Present: Rep. Sheila Klinker, Chairperson; Rep. Suzanne Crouch; Sen. Connie Lawson; Sen. Connie Sipes; Sally Lowery; Suda Hopkins; Betty Williams; Christopher Durcholz; Bettye Dunham.

Members Absent: Sharon Kooi; Susan Ferverda Hoback; Scott Sefton.

I. Call to Order

Representative Sheila Klinker, Chairperson, called the meeting to order at 1:20 P.M. and asked the members to introduce themselves. Representative Klinker thanked Senator Connie Sipes, who is retiring from the Senate, for her service.

II. Comments form Senator Randy Head Concerning the Delivery of Services to Individuals with Developmental Disabilities

Senator Head discussed the displacement of individuals receiving services at Logansport and issues for staff since FSSA is returning individuals with developmental

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[1] These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at http://www.in.gov/legislative Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of $0.15 per page and mailing costs will be charged for hard copies.

disabilities to local communities. As a deputy prosecutor, Senator Head was well aware of the role the hospital played in protecting individuals who had been committed to Logansport, as well as the need to protect society from early releases. Transitioning individuals from the secure setting of a hospital can be fraught with danger. Also, family contact is very important for those who are at the Hospital. That family contact decreases when individuals are sent to community settings farther from their families. For many of the individuals at the hospital the staff has become their family.

Senator Head asked **Ms. Amy Gilbert,** who has a brother at Logansport, and **Ms. Cindy Harvey,** who is an employee at Logansport, to provide the Commission with information concerning downsizing Logansport. Ms. Gilbert said that there needs to be a spectrum of services available to individuals with developmental disabilities - not everyone needs to be institutionalized, but not everyone needs to be in a community setting. Representative Klinker indicated that planning is the key for any successful transitioning plan. **Ms. Cindy Harvey** said that Logansport has lost 80 staff, which means the remaining staff is working overtime to cover the vacancies. Patients are being shifted to units that are not appropriate for them in order to maintain staff/patient ratios. Ms. Harvey indicated that in many cases staff becomes family for the residents. She used the example of a recent funeral for a patient where 20 of the 25 individuals at the funeral were staff.

III. Comments for Individuals Concerned with Delivery of Services to Individuals with Developmental Disabilities

Ms. Marie Dausch, Southern Indiana Provider Network, discussed the concerns of provider agencies. (Exhibit 1)

Ms. Becky Holladay, parent and school nurse, shared the difficulties she has had in obtaining services for her 22-year old son with special needs. He has aged out of eligibility for education services. She thought her son was on the waiver waiting list, but she was recently told that his name is not on the waiting list. Her family was told that her son could receive programing for $42 a day, but the family would have to pay the entire cost. At one point, Ms. Holladay was told by an employee of the Family and Social Services Agency (FSSA) to take her son to a homeless shelter. The Holladays would like to care for their son at home and have him receive supported employment, but they need financial help to do that. Currently Ms. Holladay's son is going to work with Ms. Holladay's husband and sitting in his pickup truck. Members of the Commission expressed great concern over Ms. Holladay being told to take her son to a homeless shelter and indicated to representatives from FSSA who were attending the meeting that that kind of response is totally unacceptable. Ms. Holladay indicated that she had the name of the individual who had made that comment and would provide FSSA with that information.

Ms. Christi Tierney, therapist with First Steps, discussed new policies that will require therapists to affiliate with larger organizations in order to provide services under First Steps. Currently, according to Ms. Tierney, 70% of those providing services are independent contractors. If they must affiliate with an umbrella agency, Ms. Tierney estimates that therapists will lose between 30% and 50% of their income.

Ms. Donna Minnich, parent, provided follow-up information on her testimony at the second meeting of the Commission concerning obtaining services for her 18 year old daughter. Ms. Minnich's daughter is presently at Damar, but she will need to leave shortly. Staff at Damar told Ms. Minnich that if she does not have an appropriate placement when it is time for her daughter to leave, they will drop her off at a homeless shelter. After the last meeting, Ms. Minnich talked with Julia Holloway, Director of the Disability and

Rehabilitative Services Division (DRS) of FSSA. Ms. Holloway assisted Ms. Minnich in arranging services for her daughter. However, Ms. Minnich has not been able to find an appropriate placement for her daughter.

IV. Follow-Up Information from FSSA, DRS

Ms. Julia Holloway, Director of DRS, provided the Commission with information requested at previous meetings. (Exhibits 2, 3, and 4) Ms. Holloway indicated that the budget cuts for DRS were done by cutting rates and not by cutting services. She reported that DRS has two staff persons assigned to working on the waiting list. Ms. Holloway also stated that telling families to take their relative with developmental disabilities to homeless shelters is not the practice of DRS and that she would make that clear to staff. DRS is asking for additional waiver slots to deal with the downsizing at Logansport and Richmond.

V. Comments on the Medicaid Waiver and Employment, Mr. James Hammond

Mr. James Hammond, CEO of the Indiana Association of Rehabilitation Facilities (INARF), provided the Commission with information about meetings between INARF, the ARC of Indiana, and DRS. (Exhibit 5) Mr. Hammond said that INARF was seeking equitable reimbursement. In answer to questions, Mr. Hammond indicated that INARF does not support the Objective Based Allocation (OBA) method of reimbursement, but they hope to keep working on the system.

VI. Comments on Day Services, Waivers and Budget Allocation Tools, Mr. John Dickerson, ARC of Indiana

Mr. John Dickerson, Executive Director, ARC of Indiana, stated that FSSA reverted $200 million at the end of the last fiscal year. Additionally, the State will be losing millions of federal dollars when there is no more stimulus money. With limited resources, it is difficult to discuss service delivery. In answer to questions, Mr. Dickerson commented that he believes the OBA payment plan needs to have more work done on it.

VII. Discussion of Legislative Proposals

PD 3357 (Exhibit 6) **- Representative Crouch** discussed the draft which would require DRS to study the number of audits and surveys required by FSSA. The draft passed by a unanimous voice vote.

Concurrent Resolution 1353 (Exhibit 7) **- Representative Crouch** presented this draft which would require the Commission to study music therapy in the next interim. This resolution passed by a unanimous voice vote.

Concurrent Resolution 1499 (Exhibit 8) - was proposed by Mr. Scott Sefton, who was unable to attend the meeting. The resolution urged the Commission to study the need for a program to allow for 60 day placements in group homes. This resolution passed by a unanimous voice vote.

Concurrent Resolution 1498 (Exhibit 9) - was proposed by Mr. Scott Sefton, who was unable to attend the meeting. The resolution urged the Criminal Law and Sentencing Policy Study Committee to study the creation of a database listing persons convicted of crimes where the victims are individuals with developmental disabilities. This resolution passed by a unanimous voice vote.

VIII. Adjournment

Representative Klinker emphasized the concerns of the Commission over employees of DRS telling family members to take their relatives with developmental disabilities to homeless shelters. Representative Klinker adjourned the meeting at 3:40 P.M.

DD Commission October 26, 2010
Meeting 3 Exhibit 1

Marie Dausch, representing the Southern Indiana Provider Network, a member organization of 11 community based not for profit agencies in the southern third of the state spanning from Ohio to Illinois and Kentucky due south. We look at best practices, areas of collaboration and resource development to benefit those we provide services to.

We, as provider agencies across the state are threads in the fabric of our communities **in** which is woven the lives of people with disabilities. Individuals whose families entrust us with the safe care of their children, their siblings and those with no one who call us their family. These are real people .... like us, they like to kick back and have some fun

As provider agencies are we given and we assume responsibility for their lives It not only is our mission, it has become our passion.....we care.

We are also the filters of decisions about their care and how they live which is directed by the administration and the state. Over the years, as providers, we have agreed and disagreed and resolved and continue every effort to work together. We often muse with the ever changing administration – new leadership, new ideas, new consultants – new concept, new names, new process. Same basic stuff.... **Time is the difference**. And throughout history there has always been a process for making decisions. I read and want to share one from a time past from Judgment at Neuremburg called Dog, Fox, Field;

These were no leaders, but they were the first
Into the dark on Dog Fox Field
Anna who rocked her head, and Paul
Who grew big and yet giggled small
Irma who looked Chinese and Hans
Who knew his world as a fox knows a field.
Hunted, exposed, unfed,
This time in their thousands they bore sad cuts
For having failed to field the lore of prey and hound.

The test was to make a sentence using the words dog fox field and failing they were loaded in to vans and driven to the field.

We have come far since then, but we still have a process. The process today in Indiana is one of a black box and buckets....questions have been asked about each person, the information fed into a black box, from which a number comes out and allocations and services determined based on a grid and dollars put into fixed buckets; one for day services, one for residential and one for behavior management. Money basically cannot be moved between the buckets and what is not used is reverted. This process is just being implemented. Here are 4 examples of the impact under this new scoring system as it is being release. At this point they are not people, but numbers.

--Number 234, moved into a 3 person setting part of a cost saving measure. New allocation came back allowing only 8 hours a month from what was 401 for residential support. The move was made to combine hours of each person to get to the 24/7 oversight and care needed. An

appeal was scheduled and then canceled by the state. Redirection was given to work through the BDDS office with a response of 'it is what it is' deal with it…

--Number 345, lives in a 4 person setting, has many medical complications including seizures that involve occasional hospitalizations. If he goes into the hospital, and then needs extra time to recover at home, the provider will not able to move dollars from day program to residential to meet his needs basic health needs. His hours for residential were reduced. Number 345 cannot wait to get well and back to his 'world of work' and receive his check, small as it might read to us but a million dollars to him. Thank you is expressed to the administration for a review and reconsideration of the value of the pre-vocational program.

--Number 456 needs 24/7 care and is in a residence with 3 others, but ended up with a score and only getting 4 hours a day. Unless her roommates score pick up the slack because there is no effort to look at the unit as a whole, they all may have unsupervised time…. and for individuals with complicated social, behavioral and adaptive needs, this becomes high risk. It is important to note that these individuals were moved from intuitions having high and intense levels of care at a high cost. Through programs and supports they have made incredible gains and achievements. We are doing the right stuff. The current process does not take that into account and what is needed to maintain them in the community. We need to keep going forward and not lose the gains made.

--one more example 567, has a job in the community... he needs some support after work and on weekends ...going to the grocery store, going to the doctor, but he has a bucket for day program and behavior. He doesn't need day program services, he doesn't need behavior intervention. Why in an environment of 'work first' would day program even appear on the budget of someone working 30 hours a week in the community? His allocation will not be used, but reverted and other needs he has will be neglected, which might cause him to lose his community job and then he will go back into the day program…..and need those dollars.

It is all about the money....the shortfalls, we understand that. We always seem to end up doing more for less, figuring things out with cuts and reductions, moving people from institutions and supporting them in their community for much less. We have taken reductions, 10% here 5% there, 7% more. Staff don't get raises and we ask them to do 2 jobs as we have to make cuts to afford the health insurance increases…. and now another moving target of reductions 10 -20 - 48%....not sure.

Enough.

It is about the people, and a system and structure to protect and keep our most vulnerable citizens in Indiana safe, with a life of dignity; basic rights provided in our constitution.
As agencies we already partner with our families and communities. We care more than anyone understands…some of our agencies have been around for 50 years, and CEO's, like me with 20-30 years experience. We want to make this work. We just ask

1. Be forthright with us. The system is flawed. There are systemic problems.
2. Provide guidance through reasonable and rational policies and procedures.
3. Be realistic in what you are asking. The direct service professionals providing the care have the right to a living wage also.

4. Share how this black box figures the scores which make no sense and gives no provision for medical and special issues. We want a fair and equitable system also.
5. We know it is about the money, we have offered and given hours of time, ideas, and proposals. We want to partner with the administration. We know reductions have to be made. Be honest.
6. Be realistic and provide flexibility to meet the individual's needs to include supporting community based employment,
7. Provide transparency in the process of allocations and appeals, so even the individual with disabilities can understand how to appeal and advocate for themselves.
8. Provide for and allow for reasonable time and a fair system to implement reductions, transition changes and make residential conversions that will not only yield long term positive results for everyone but save dollars. These are people with feelings and personalities that should be considered. ...the approach should not be one of herding.

I was at the last Commission meeting. I heard the plea from the family told to take their child to a homeless shelter. It is happening. The homeless shelter in my area is working to get a person into a nursing home. ....and how many years ago was it that we all worked hard to get them out of nursing home settings and into the community?

The tasks at hand seem overwhelming in an economy that is like a raging storm at sea. We all need to be in the same boat, rowing it the same direction to get to a safe place on the shore to weather the storm.

Members of the commission, on behalf of all the individuals with intellectual and developmental disabilities I thank you for taking the time to really understand what is happening and holding the administration and yourselves accountable.

October 26, 2010

Southern Indiana Provider Network

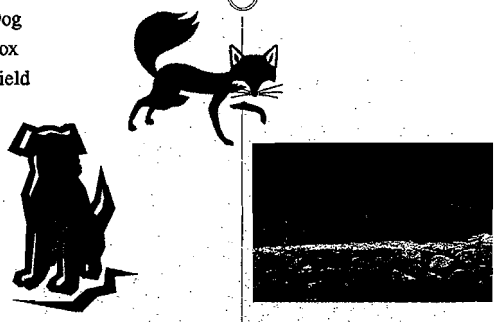
Providers that Care

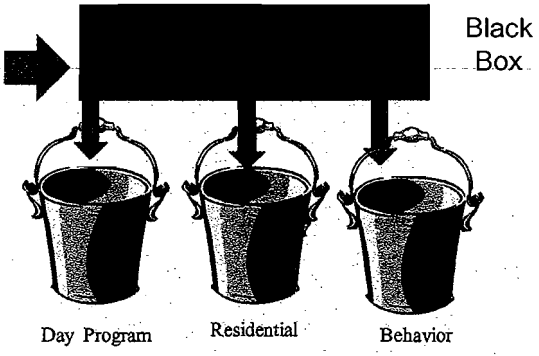
Providers

- Take responsibility
- Filter and make decisions about lives
- Have passion
- Care

Assessment

- Dog
- Fox
- Field





- Be forthright. The system is flawed. There are systemic problems.
- Provide guidance through reasonable and rational policies and procedures.
- Be realistic in what you are asking. DSP's have the right to a living wage

- Share how this **Black Box** figures scores
- Make it a fair and equitable system
- It is about the money, partner, be honest
- Be realistic, provide flexibility to include supporting community based employment.

- Provide transparency in the process of allocations and appeals.
- Allow reasonable time for effective transitions.
- Provide a fair system for positive long term results.

- We must work together for efficiencies and effectiveness

Thank You

- They depend on all of us working together……

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Exhibit 2

Serving Individuals with Developmental Disabilities in Indiana

Presentation to the Indiana Commission on Developmental Disabilities

Julia Cunningham Holloway, Director

Division of Disability & Rehabilitative Services

October 26, 2010

Waiver Slots Available, by Waiver Year

Support Services Waiver (4/1/10-3/31/11)	
Total Available	460
Total Filled	328
Total Remaining	**132**
Months Remaining in Waiver Year	5
DD Waiver (10/1/10-9/30/11)	
Total Available	514
Total Filled	36
Total Remaining	**478**
Months Remaining in Waiver Year	11
Autism Waiver (1/1/10-12/31/10)	
Total Available	54
Total Filled	48
Total Remaining	**6**
Months Remaining in Waiver Year	2

Pre-Voc Waiver Language

Major Changes:

The twenty-four month time limit for Prevocational Services has been eliminated following extensive stakeholder consultation.

Service Definition:

Prevocational Services are services that prepare a participant for paid or unpaid employment.

Prevocational Services include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at generalized results. Services are habilitative in nature and not explicit employment objectives.

Monitoring of prevocational services provision will be performed at a minimum every 6 months using the employment monitoring tool administered by the state or their designee. The objectives of monitoring include assessment of the participant's progress toward achieving the outcomes identified on the participant's ISP related to employment and to verify the continued need for prevocational services.

Prevocational Services are services that prepare a participant for paid or unpaid work.

EMPLOYMENT FIRST INITIATIVE

Demonstration Projects

Objectives of the Employment First Initiative & the Demonstration Project

GOAL: Maximize integrated community employment for people with developmental disabilities

OBJECTIVE: New people who request services from the BDDS will be referred to VR first to access integrated community employment prior to the provision of any other services.

OBJECTIVE: People who are currently utilizing BDDS services will be assessed to transition from segregated settings into integrated employment whenever possible.

Demonstration Project Action Plan

- Data Collection – Baseline data for Demonstration Sites
- Community Meetings – State/Local
- Training
- Employer Outreach Plan
- Evaluation of current "Processes"
- Evaluation of Demonstration Project

Demonstration Project – Sample Data

Waiver Consumers only 18 and older

All Demonstration Counties

- 23% application rate in the past 48 months
- 25% successful employment outcome rate past 48 months

Vanderburgh

- 27 % application rate
- 25% successful employment outcome rate

Monroe

- 33% application rate
- 38% successful employment outcome rate

Grant

- 15% application rate
- 19% successful employment outcome rate

Howard

- 32% application rate
- 11% successful employment outcome rate

St. Joseph

- 16% application rate
- 21% successful employment outcome rate

Demonstration Sites

- Vanderburgh/Evansville
- Monroe/Bloomington
- Howard/Kokomo
- Grant/Marion
- St. Joseph/South Bend

Demonstration Project Metrics

1) The number and percent of people in integrated work for a minimum of 20 hours a week.
2) The number and percent of people who are earning a minimum of $150 per week.
3) The percent of people receiving day services.
4) The percent of people meeting their employment/activity goal (as established on the ISP).
5) The percent of people in Pre Voc/SEFA/SW who have been through VR in the past 24 months.

THE OBJECTIVE BASED ALLOCATION PROCESS EXPLAINED

Development of the Objective Based Allocation Method

- In 2007, DDRS and a group of advocates, providers, and industry professionals began the research and development of an objective based allocation method.
- External partners included representatives from the ARC, INARF, INABC, Milliman, and IPMG
- Development strategy included baseline research, provider cost reporting, modeling, assessment validation, pilots, and best practices.
- Modeling was used to determine the parameters for Algorithm development (ALGOs)

ICAP Assessment & ALGO Development

- The nationally recognized Inventory for Client and Agency Planning (ICAP) was selected to be the primary tool for individual assessment.
- The ICAP assessment determines an individuals level of functioning for Broad Independence and General Maladaptive Factors.
- The ICAP Addendum, commonly referred to as the Behavior and Health Factors determines an individuals level of functioning on behavior and health factors.
- These two assessments determine an individual's overall ALGO level which can range from 0-6. ALGOs 0 & 6 are considered to be the outliers representing those who are the highest on both ends of the functioning spectrum.

ALGO Needs Descriptors

Level	Descriptor
0 Low	High level of independence (Few Supports needed). No significant behavioral issues. Requires minimal Residential Habilitation Services.
1 Basic	Moderately high level of independence (Limited supports needed). Behavioral needs, if any, can be met with medication or informal direction by caregivers (through the use of Medicaid state plan services). Although there is likely a need for day programming and light Residential Habilitation Services to assist with certain tasks, the client can be unsupervised for much of the day and night.
2 Regular	Moderate level of independence (Frequent supports needed). Behavioral needs, if any, met through medication and/or light therapy (every one to two weeks). Does not require 24-hour supervision – generally able to sleep unsupervised – but needs structure and routine throughout the day.
3 Moderate	Requires full-time supervision (24/7 staff availability) for medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting
4 High	Requires full-time supervision (24/7 frequent and regular staff interaction, require line of sight) for medical and/or behavioral needs. Needs are moderately intense, but can still generally be provided in a shared setting.
5 Intensive	Requires full-time supervision (24/7 absolute line of sight support). Needs are intense and require the full attention of a caregiver (1:1 staff to individual ratio). Typically, this level of services is generally only needed by those with intense behaviors (not medical needs alone).
6 High Intensive	Requires full-time supervision (24/7 more than 1:1). Needs are exceptional and for at least part of each day require more than one caregiver exclusively devoted to the client. There is imminent risk of individual harming self and/or others without vigilant supervision.

Objective Based Allocation Components

- The Objective Based Allocation (OBA) is determined by combining the Overall ALGO (determined by the ICAP and ICAP addendum), Age, Employment, and Living Arrangement
- The Stakeholder Group which included the aforementioned external partners designed a building block grid to build the allocations.
- The building block grid was developed with the following key areas: Focus on Daytime Programming; Employment; Community Integration; and Housemates
- An Allocation is made up of 3 budget areas: Residential, Behavior Management, and Day Programming.

Implementation of Objective Based Allocations

- Individuals will receive their new OBA on their annual renewal date. The first group will be the January 1st population.
- Over the course of 12 months, all waiver participants will be transitioned to an OBA when their waiver is up for annual renewal.
- Allocations will receive a pre-release review focusing on individuals whose allocations drop or increase significantly from their previous cost comparison budget.
- An in-depth review and appeal process is available to teams wishing to dispute their oba.

Review Requests & Appeals

- Individual teams can request a PAR (Personal Allocation Review) through their case manager. The review is conducted by the PAR unit in BDDS Central Office.
- Individual teams will be asked to review the ICAP and ICAP addendum as well as provide any other supporting documentation supporting an individual's need for placement in a different ALGO level.
- The PAR unit will review submitted documentation as well as the Person Centered Planning Document, Individualized Service Plans, Behavior Support Plans, High Risk Plans and any other collateral documentation needed to analyze the individual's Algo.

Emphasis on Housemates

- Housemate living arrangements provide the benefit of shared residential staffing.
- Because the ideal housemate arrangement is three person, a transition plan may need to be in place for an individual.
- The transition plan includes a six month window of funding to enable the individual and team to find suitable living arrangements and housemates.
- A case manger my request a transition plan and budget through the local BDDS office and PAR unit.
- Changes to the case management information systems are being implemented to automate current manual request processes for the future.

Serving Individuals with Developmental Disabilities in Indiana

Presentation to the Indiana Commission on Developmental Disabilities

Julia Cunningham Holloway, Director

Division of Disability & Rehabilitative Services

October 26, 2010

Below is the following rate schedule for Community Habilitation, Facility Habilitation, and Pre-Vocational Services. The new rates create a system where the rate is based on the group size and not the service being provided. The three group sizes are: 4:1 or smaller, 5:1-10:1, and larger than 10:1.

Community Habilitation

Ratio	Current Rate	New Rate
Individual	$ 23.24	$ 22.08
2:1	$ 13.03	$ 8.48
3:1	$ 8.69	$ 8.48
4:1	$ 6.52	$ 8.48

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Exhibit 3

Facility Habilitation

Ratio	Current Rate	New Rate
Individual	$ 23.24	$ 22.08
2:1	$ 14.76	$ 8.48
4:1	$ 7.38	$ 8.48
6:1	$ 4.92	$ 4.72
8:1	$ 3.69	$ 4.72

Pre-Vocational

Ratio	Current Rate	New Rate
8:1	$ 6.00	$ 4.72
10:1	$ 4.80	$ 4.72
12:1	$ 4.00	$ 3.00
14:1	$ 3.42	$ 3.00
16:1	$ 3.00	$ 3.00

Documentation

The same documentation standards will apply to billing for these new rates; however, the change in group sizes makes documentation less strenuous on the providers

Monitoring

To ensure individuals are working appropriately towards the goals outlined in their plan, increased monitoring will be a part of this proposal. Monitoring will be applied similarly to the model used in the State of Wisconsin.

Savings

As a result of the elimination of time-limits in pre-vocational services a 5% reduction on the overall spend from these 3 services is a reasonable goal. Any savings over 5% will be used towards the implementation of the Demonstration Projects for promoting work in the community. If a savings of 5% is not realized, rates may need to be re-evaluated.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The **State** of **Indiana** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
B. **Program Title:**
Developmental Disabilities Waiver
C. **Waiver Number: IN.0378**
Original Base Waiver Number: IN.0378.
D. **Amendment Number:**
E. **Proposed Effective Date:** *(mm/dd/yy)*
10/01/10
Approved Effective Date of Waiver being Amended: 10/01/09

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2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:
The DD Waiver is amended for the following PURPOSES:

To incorporate changes to administration and oversight of Indiana's HCBS waiver serving people with IDD consistent with the changes made to the recently approved Support Services Waiver;

To revise service specifications so that service definitions are consistent with the recently approved Support Services Waiver;

To remove the time limit for pre-vocational services and to add monitoring of participant progress;

To restore a limit to the amount of residential habilitation services that may be furnished to an adult participant by a parent, step-parent or guardian, of 40 hours per week total (any one or combination of parent, step-parent or guardian).

To revise all PMs so that a uniform set of PMs are implemented for the DD and SS Waivers. (A future amendment to the Autism Waiver will also incorporate the same PMs as appropriate.)

To revise certain waiver services' rates and the cost-neutrality calculations.

MAJOR CHANGES are summarized as follows:

All performance measures (PMs) have been replaced by PMs contained in the approved Support Services Waiver.

Changes to administration and oversight of Indiana's HCBS waiver serving people with IDD consistent have been made throughout the Appendices consistent with the changes made to the recently approved Support Services Waiver.

APPENDIX A
The waiver administration portions have been revised using the same language as contained in the recently approved SS Waiver.

APPENDIX B
The sections of Appendix B that describe state administration and oversight activiteis have been revised using the same language as contained in the approved SS Waiver. For example, Selection of Entrants to the Waiver and the Level of Care Criteria description has been revised.

APPENDIX B-3
Access to priority slots has been clarified by adding a statement that access is limited to the number indicated in the waiver. Once priority slots are filled, the participant meeting priority access criteria will be placed on the waiting list.

Also removed is the use of the term "incapacitated" – previously the term was used for the priority category "Eligible individuals requesting to leave LP/ICF-MR with parent/guardian incapacitated". This has been revised to: "Eligible individuals requesting to leave LP/ICFs/MR" and the narrative has been revised to remove discussion of incapacitated parents/guardians.

APPENDIX C
All service descriptions have been revised so that they are the same as the service descriptions included in the recently approved SS Waiver (for services that are available under both waivers).

In addition, minor changes have been made to correct terminology (for behavioral services, ensuring the term "behavioral" is used rather than "behavior" as appropriate, and under residential habilitation correcting a unit of service from "¼ day: to "¼ hour", for example).

The twenty-four month time limit for Prevocational Services has been eliminated following extensive stakeholder consultation. With removal of the time limit, the state will increase monitoring of the service to ensure progress toward employment is made by the participant prior to service continuation. Group sizes have also been changed from group sizes of 8:1, 10:1, 12:1, 14:1 and 16:1 to small groups (4:1 or smaller), medium groups (5:1 to 10:1), and large groups (larger than 10:1 but no larger than 16:1). Activities not allowed were modified, removing the prohibition of sheltered employment services in the community, meaning that enclaves and work crews are now permitted under Prevocational services. Facility-based sheltered work is still prohibited.

Adult foster care has been revised to prohibit separate payment for waiver transportation services when a participant is receiving adult foster care. The prohibition has also been added to the transportation services definition.

Residential Habilitation and Support services has been revised to once again prohibit the delivery of services to an adult participant for more than a total of 40 hours in any combination by a parent(s), step-parent(s) or legal guardian(s).

Community Based Habilitation – GROUP and Facility Based Habilitation – GROUP allowable ratios have been revised. Community Based Habilitation – GROUP is revised to small groups (4:1 or smaller) and Facility Based Habilitation – GROUP to small groups and to medium groups (from 5:1 to no larger than 8:1).

The time limitation of eighteen months per employment setting for Supported Employment Follow Along (SEFA) Services remains, but extended timeframes for SEFA utilization may be granted by the State for qualifying special circumstances.

The separate therapy services were revised in order to ensure allowed and non-allowed activities are consistent across therapy types as applicable.

Service and documentation standards no longer appear in Appendix C. All service and documentation standards will be reflected in the official Waiver Provider Manual authorized by the State Medicaid Agency, the Office of Medicaid Policy and Planning.

A technical correction has been made to Appendix C-4(a): Additional Limits on Amount of Waiver Services. The Limits on Sets of Services was previously checked. It has been unchecked – the same correction was made to the recently approved SS Waiver.

APPENDIX D
Appendix D has been revised to be consistent with the process described in the recently approved SS Waiver. This section now describes the current service plan development process, risk assessment and mitigation, provider choice, and service plan oversight and monitoring.

APPENDIX F
Appendix F has also been revised to be consistent with the process described in the recently approved SS Waiver. This section now describes the current Participant Rights protections including the Fair Hearing process and grievance/complaint process.

APPENDIX G
Appendix G has been revised to be consistent with the process described in the recently approved SS Waiver. This section now describes the current participant safeguards related to critical incidents, restraint, and medication management.

APPENDIX H

Appendix H has been revised to be consistent with the process described in the recently approved SS Waiver. This section now describes the current Quality Improvement Strategy for the HCBS waivers operated by DDRS/BDDS.

APPENDIX J
The waiver services cost and utilization detail was revised to reflect changes in certain waiver service rates and group sizes and to incorporate two distinct rates (rather than one rate) for personal emergency response systems – 1) installation and 2) maintenance.

3. Nature of the Amendment

A. **Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

Component of the Approved Waiver	Subsection(s)
☑ Waiver Application	
☑ Appendix A – Waiver Administration and Operation	
☑ Appendix B – Participant Access and Eligibility	
☑ Appendix C – Participant Services	
☑ Appendix D – Participant Centered Service Planning and Delivery	
☐ Appendix E – Participant Direction of Services	
☑ Appendix F – Participant Rights	
☑ Appendix G – Participant Safeguards	
☑ Appendix H	
☑ Appendix I – Financial Accountability	
☑ Appendix J – Cost-Neutrality Demonstration	

B. **Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

- ☐ **Modify target group(s)**
- ☐ **Modify Medicaid eligibility**
- ☐ **Add/delete services**
- ☑ **Revise service specifications**
- ☐ **Revise provider qualifications**
- ☐ **Increase/decrease number of participants**
- ☑ **Revise cost neutrality demonstration**
- ☐ **Add participant-direction of services**
- ☑ **Other**

Specify:
Revise performance measures - this amendment replaces exsiting DD Waiver PMs with the PMs includes in the recently approved SS Waiver.

Revise administrative and oversight procedures throughout to reflect recent changes related to Medicaid and DDRS oversight of the waiver and changes in contractor requirements. The revisions are the same as those made to the recently approved Indiana Support Services Waiver.

Application for a §1915(c) Home and Community-Based Services Waiver

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Exhibit 5

September 28, 2010

TO: INARF and ICEArc Members

FROM: John Dickerson, The Arc of Indiana
James M. Hammond, III, INARF

SUBJECT: Day Service Compromise

We are pleased to announce that a compromise was reached with the Family and Social Services Administration/Division of Disability and Rehabilitative Services (FSSA/DDRS) on issues relating to Employment and Day Services in Indiana's Medicaid Waiver programs. We appreciate the willingness of Julia Holloway and Doug Elwell to find some middle ground on these important issues. Our agreement was reached after numerous hours of discussions and revisiting issues related to rates, documentation, time limits and paid work activities. Specifically, we can report that the accompanying schedules of rates have been approved and that the time limitation for pre-vocational services has been removed.

This agreement is a significant first step in the process and our work on the details will begin immediately this Thursday. A small group will be working with staff at DDRS to draft the definitions, the written criteria to extend SEFA requirements and implementation activities. The INARF/ICEArc work group will still be a resource to this small committee for continuity purposes.

The following charts describe the new rates and group sizes for day services under the Waiver. The schedules provide rate information for Community Habilitation, Facility Habilitation, and Pre-Vocational Services. The new rates create a system where the rate is based on the group size and not the service being provided. The three group sizes are: 4:1 or smaller, 5:1-10:1, and larger than 10:1.

Community Habilitation

Ratio	Current Rate	New Rate
Individual	$ 23.24	$ 22.08
2:1	$ 13.03	$ 8.48
3:1	$ 8.69	$ 8.48
4:1	$ 6.52	$ 8.48

Facility Habilitation

Ratio	Current Rate	New Rate
Individual	$ 23.24	$ 22.08
2:1	$ 14.76	$ 8.48
4:1	$ 7.38	$ 8.48
6:1	$ 4.92	$ 4.72
8:1	$ 3.69	$ 4.72

Pre-Vocational

Ratio	Current Rate	New Rate
8:1	$ 6.00	$ 4.72
10:1	$ 4.80	$ 4.72
12:1	$ 4.00	$ 3.00
14:1	$ 3.42	$ 3.00
16:1	$ 3.00	$ 3.00

We anticipate that new day services and employment initiatives will be implemented on November 1. Once we have additional information relating to programmatic policies and procedures, we will provide them to you. Thanks for understanding and support during these past few weeks.

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Exhibit 6

PRELIMINARY DRAFT
No. 3357

PREPARED BY
LEGISLATIVE SERVICES AGENCY
2011 GENERAL ASSEMBLY

DIGEST

Citations Affected: None (noncode).

Synopsis: Study audit requirements for service providers. Requires the division of disability and rehabilitative services of the office of the secretary of family and social services to conduct a study on the number and types of audits and surveys required of entities providing services for which the division pays and report back to the developmental disabilities commission by September 1, 2011.

Effective: Upon passage.

A BILL FOR AN ACT concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. [EFFECTIVE UPON PASSAGE] **(a) As used in this SECTION, "division" refers to the division of disability and rehabilitative services established by IC 12-9-1-1.**

(b) As used in this SECTION, "provider" refers to any entity that receives funding from the division.

(c) The division shall:

(1) conduct a study of the various federal, state, and local audits and reviews that are required to be conducted by providers; and

(2) report its findings to the commission on developmental disabilities established by IC 2-5-27.2-2 not later than September 1, 2011.

(d) In conducting the study required by subsection (c), the division must consult with providers.

(e) This SECTION expires December 31, 2011.

SECTION 2. **An emergency is declared for this act.**

A CONCURRENT RESOLUTION urging the Developmental Disabilities Commission to study the addition of music therapy to the services provided in special education, first steps, Medicaid waivers, and other areas where the federal government recognizes music therapy as a valid service.

Whereas, Music therapy is defined as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program";

Whereas, The history of music therapy can be traced back to the time of Aristotle and Plato;

Whereas, Modern day music therapy began after World Wars I and II when musicians went to Veterans hospitals to play for the thousands of veterans suffering from physical and emotional trauma incurred in the wars;

Whereas, Music therapy has been shown to offer benefits to many types of patients including children, adolescents, adults, and the elderly with mental health needs, developmental and learning disabilities, Alzheimer's disease and other aging related conditions, substance abuse problems, brain injuries, physical disabilities, and acute and chronic pain; and

Whereas, Music has been shown to alleviate stress and work on many different levels at once to improve the condition of the patient: Therefore,

SECTION 1. That the Developmental Disabilities Commission is urged to study the addition of music therapy to the services provided in special education, first steps, Medicaid waivers, and other areas where the federal government recognizes music therapy as a valid service.

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Exhibit 9

A CONCURRENT RESOLUTION urging the Commission on Developmental Disabilities to study the need for a program allowing 60 day emergency placement in group homes for individuals with developmental disabilities.

1 Whereas, Individuals with developmental disabilities face a number of challenges;
2
3 Whereas, Occasionally living arrangements, including community care facilities (group
4 homes) or foster family placements, must be found for persons with developmental disabilities on
5 an emergency basis;
6
7 Whereas, Placement is a critical service for many patients with developmental disabilities
8 because a crisis may cause the failure of their living arrangement and a immediate need for
9 relocation;
10
11 Whereas, The safety, care, and well-being of persons with developmental disabilities
12 receiving care in community settings is of the utmost importance; and
13
14 Whereas, Crisis and emergency services must be identified and available to meet the specific
15 needs of all individuals with developmental disabilities: Therefore,
16
17
18 SECTION 1. That the Commission on Developmental Disabilities study the need for a
19 program allowing 60 day emergency placement in group homes for individuals with developmental
20 disabilities.

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Exhibit 8

A CONCURRENT RESOLUTION urging the Criminal Law and Sentencing Policy Study Committee to study the creation of a database listing persons convicted of crimes where the victims are individuals with developmental disabilities.

Whereas, People with developmental disabilities are at higher risk of victimization than others;

Whereas, The Arc of the United States reports in a document entitled "People with Intellectual Disabilities and Sexual Violence" that "Any type of disability appears to contribute to higher risk of victimization but intellectual disabilities, communication disorders, and behavioral disorders appear to contribute to very high levels of risk, and having multiple disabilities (e.g., intellectual disabilities and behavior disorders) results in even higher risk levels (Sullivan & Knutson, 2000)";

Whereas, People with developmental disabilities are frequently less capable of informing those who love and care for them that they have been victimized;

Whereas, A comprehensive database organizing persons convicted of crimes against people with developmental disabilities would enable law enforcement to better apprehend, convict, and incarcerate offenders when victims are less able to assist them;

Whereas, The creation of such a registry may also lessen the likelihood of registrants committing more offenses since they may perceive that the authorities' knowledge of their identities, locations, and past offenses reduces the chances that they can avoid detection and apprehension if they reoffend; and

Whereas, The members of the Commission on Developmental Disabilities believe that there is a need for the development of a registry listing persons convicted of crimes against persons with developmental disabilities: Therefore,

SECTION 1. That the Criminal Law and Sentencing Policy Study Committee should study the creation of a database listing persons convicted of crimes where the victims are individuals with developmental disabilities.

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Exhibit 9