Members

Sen. Connie Lawson, Chairperson
Sen. Jean Breaux
Rep. Wes Culver
Rep. Sheila Klinker
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:	**August 10, 2011**
Meeting Time:	**1:00 A.M.**
Meeting Place:	**State House, 200 W. Washington St., Senate Chambers**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**1**

Members Present: **Sen. Connie Lawson, Chairperson; Sen. Jean Breaux; Rep. Wes Culver; Rep. Sheila Klinker; Sally Lowery; Betty Williams; Christopher Durcholz; Bettye Dunham.**

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

I. Call to Order and Introductions

Senator Connie Lawson, Chairperson, called the meeting to order at 1:10 PM. The Chairperson thanked the members for serving on the Commission and asked them to identify themselves to the audience.

II. Updates from the Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services (DDRS)

Ms. Julia Holloway, Director of DDRS, updated the Commission on it's priorities in vocational rehabilitation, the requirements of HB 1001-2011 (Section 144), employment initiatives, objective-based allocation (OBA) budget progress, the requirements of HB 1047-2011, waiting list cleanup, and the number of individuals served with waiver services (Exhibit 1).

Chairperson Lawson informed the Commission and members of the audience of the purpose of the review requirement of the Medicaid Developmental Disabilities Home and Community-Based Services waiver under HB 1001-2011 (Section 144). Chairperson Lawson explained the

[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.

requirement requires no official action, but would require the state to look at the program since Indiana spends more per person on waiver services compared to other states.

Chairperson Lawson and Senator Jean Breaux asked Ms. Holloway and Mr. Shane Spotts, Deputy Director of DDRS, how a partnership between the Bureau of Developmental Disabilities (BDDS) and DDRS would affect revenue the state receives for developmental disability services. Mr. Spotts informed the Commission that, currently, DDRS was not drawing down the maximum amount of federal funding for developmental disabilities since some programs administered by the state were still primarily state-funded. The partnership between BDDS and DDRS would allow the state to draw down an additional $12 M in federal funds, provide state savings on developmental disability services, and allow BDDS and DDRS to serve additional individuals with this funding.

Ms. Holloway also provided the Commission with information on cost savings generated from the OBA process. Since implementation of the OBA program, 4,001 OBA budgets have been released. Of these budgets, 44% of the budgets have increased, 55% of the budgets have decreased, with 1% of the budgets remaining the same. Ms. Holloway agreed to provide information on the savings generated from these changes in budget allocation amounts at the next meeting. Chairperson Lawson and Representative Sheila Klinker both enquired about the living arrangements in the program. Chairperson Lawson questioned if the cost savings discussed in the program were the result of changes in consumer living arrangements (roommates). Mr. Spotts informed Chairperson Lawson they were. Representative Klinker asked if the move to roommates created any pushback from consumers. Mr. Spotts informed the Commission that a majority of the consumers were happy with their new living arrangements but that some had appealed this decision.

Regarding information presented by DDRS on reducing and cleaning up the waiver waiting list, Representative Wes Culver explained the information presented by DDRS shows an approximate 2,000-person decrease in the waiting list between 2010 and 2011, but that DDRS reported removing 3,000 to 3,500 individuals from the waiting list from their cleanup efforts during the same time. Representative Culver asserted then that the waiting list numbers presented by DDRS show a decrease in the active waiting list, whereas the active waiting list really increased between 2010 and 2011 by 1,000 to 1,500 individuals.

In response to a question from Mr. Chris Durcholz, DDRS provided the initial waiver application date of individuals who have just begun receiving waiver services. For the Support Services waiver, the initial application date was November 4, 2002 (approximately 9 years on the waiting list); for the Developmental Disability waiver, the initial application date was August 1, 1999 (approximately 12 years on the waiting list); and for the Autism waiver, the initial application date was September 8, 1999 (approximately 12 years on the waiting list).

In response to a question from Senator Breaux regarding budget reversions from DDRS, Mr. Spotts informed the Commission the reversions were made without any loss of services for clients.

III. Updates from the Arc of Indiana

Mr. John Dickerson, Executive Director of the Arc of Indiana, discussed the Arc of Indiana's concerns with possible reductions in Medicaid rates for developmental disability services, out-of-home placements, the aging population of care givers, and the wait time to receive support services (Exhibit 2). Mr. Dickerson praised DDRS for the progress that has been made in the OBA progress but emphasized more work needs to be done. Mr. Dickerson also highlighted the recent closing of a provider's facility, displacing 150 people with relatively no notice to make accommodations for them. Mr. Dickerson also highlighted five principles of

the Arc of Indiana's Pathway Campaign. This report will be presented to the Board of Directors on August 27. If approved by the Board of Directors, Mr. Dickerson expressed that he would be glad to share these recommendations with the Commission.

IV. Updates from INARF

Mr. James Hammond, CEO of INARF, discussed INARF's concerns in the areas of vocational rehabilitation, flexibility in day-service programs, the progress of the OBA program, wage increases for service providers, and an upcoming report outlining the goals of developmental disability service providers.

V. Next Meeting and Adjournment

The next meeting will be September 7 at 1:00 PM in the Senate Chambers. At that meeting the Commission will receive follow-up information on issues raised at the first meeting and an update on the First Steps program from DDRS. Two additional meetings are currently scheduled for the Commission; on October 5 at 1:00 PM in the Senate Chambers and on October 27 at 1:30 PM in the Senate Chambers (if necessary). During the October 5 meeting, the Commission will consider legislative proposals.

The meeting was adjourned at 3:05 PM.

Exhibit 1
Commission on
Developmental Disabilities
August 10, 2011 Meeting #1

with Developmental Disabilities in Indiana

Presentation to the Indiana Commission on Developmental Disabilities

Julia Cunningham Holloway, Director

2 What's new at DDRS?

DDRS Initiatives

- DDRS is focusing on five core objectives throughout the next fiscal year:
  - Employment of Individuals with DD/ID
  - Systematic Redesign
  - VR Streamlining and Process Improvement
  - BQIS Provider Oversight
  - First Steps Initiatives

HB 1001 Sec. 144

- DDRS is required to address the aggregate and per capita spend of it's programs including looking at the following areas:
  - Calculating budget neutrality on an individual rather than an aggregate basis.
  - Instituting a family care program to provide recipients with another option for receiving services.
  - Evaluating the current system to determine whether a group home or a waiver home is the most appropriate use of resources for placement of the individual.
  - Evaluating alternative placements for high cost individuals to ensure individuals are served in the most integrated setting appropriate to the individual's needs and within the resources available to the state.
  - Migrating individuals from the waiver to a redesigned waiver that provides options to individuals for receiving services and supports appropriate to meet the individual's needs and that are cost effective and high quality and focus on social and health outcomes.
  - Requiring cost participation by a recipient, whose family income exceeds five hundred percent (500%) of the federal income poverty level, factoring in medical expenses and personal care needs expenses of the recipient.

HB 1001 Sec. 144

- DDRS has put together a group that includes representatives from stakeholder groups including the Arc of Indiana, INARF and INABC.
- This group exists to take a meaningful look at where we are, create policy, and move toward building a system that serves individuals – through empowerment toward self-sufficiency – in the most meaningful and cost-effective way.
- The group is currently meeting weekly and will be providing regular progress updates throughout the process.

Communication

- DDRS policies are all posted on the web.
- Data and statistics will be posted on the website.
- A DDRS Frequently Asked Questions has been added to help answer questions.
- A "Waiver Journey" is being added to the web to guide families and individuals through the process.

- http://www.in.gov/fssa/2328.htm

VR Match

- The Vocational Rehabilitation Services match will be fully realized through an interagency agreement with Bureau of Developmental Disabilities Services.
- The main focus of this money will be to align with the Employment First Initiative to achieve greater employment outcomes for individuals with intellectual disabilities.

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Demonstration Projects

- Maximize integrated employment for people with intellectual disabilities and autism spectrum
- New BDDS consumers will be referred to VR
- Employer outreach, training and communication plans
- Data collection and metrics to measure success
- Bloomington, South Bend, Marion, Evansville and Kokomo have developed written proposals and are working with DDRS on implementation and timelines.

10 Objective Based Allocations

OBA – The Previous Method

- Individuals with similar needs received varying levels of service due to a subjective evaluation of needs that hinged on key factors:
  - When you requested services?
  - How much money was available at that time?
  - What services were available at that time?
  - How were needs represented and documented?

Development of the OBA

- 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, OMPP and IPMG
- Development strategy included baseline research, provider cost reporting, modeling, assessment validation, pilots, and best practices.
- The first budgets were released in October 2010 and implemented January 2011.

OBA Data

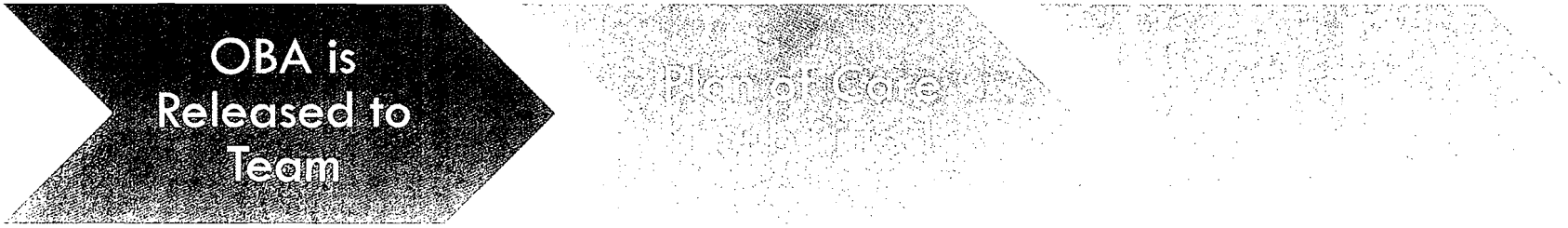
Through June:

- 4,001 budgets have been released
- 1,745 (44%) have increased
- 2,196 (55%) have decreased
- 60 (1%) have remained the same

OBA Data

- We know budgets have been reduced as a result of individuals finding housemates.
  - In January approximately 10% of budgets had a change in allocation as a result of a change in living arrangement.
- The impact of OBA on individuals who had budgets anniversary dates from January – May is a 5% reduction in overall allocations from the previous year.
- To date there has been an 85% increase in day service authorizations.

PARs and Appeals



- At least 75 days before plan expires
- Team has the opportunity to request a Personal Allocation Review (PAR)
- A review takes about 30 days

- Plan is approved or denied by the State
- A Notice of Action with Appeal Notice is generated and given to all Team members

- An appeal request may be submitted within 30 days of receiving NOA
- If a PAR review resulted in an increase in ALGO, case manager will submit an update in services.

PARs and Appeals

Office of Hearings and Appeals receives request to appeal NOA.

Appeal Hearing is scheduled. If a PAR review has not been previously requested, one will be completed at this time.

An Appeal Hearing is conducted within 30 days of request with a Pre-Conference Discussion occurring immediately before.

Appeal Decision is rendered by ALJ. After decision is rendered, the appellant may request agency review within 10 days.

Provider Audits

- Division of Aging
- Department of Labor
- State Board of Accounts
- Accreditation Entity (ISO, CARF, COA, etc.)
- BQIS Comprehensive Survey Tool
- BQIS Compliance Evaluation Review Tool
- Independent Financial Audit
- Department of Health (ISDH)
- FSSA Financial Audit

Recommendations

- So, where can DDRS minimize duplication?
  - Deemed Status (Day Services and Residential Services)
  - Phasing out the CST survey
  - Refocusing the role of the CERT survey
  - Coordinating with the Division of Aging on surveying dual service providers
  - Coordinating with ISDH on surveying providers and responding to incidents

Group Home Data

- DDRS has licensed 486 homes across the state
- With this, there are 3,795 beds across the state
- According to self-reporting by providers, we have approximately 80 vacancies across the state

Centralized Procedure for Filling Group Home Vacancies

1. An application is made to the local BDDS Office where medical history is collected and submitted to the State Level of Care Committee.

2. The Committee determines if the individual meets Level of Care based on all the information submitted.

3. If the individual meets Level of Care, the BDDS Group Home Coordinator in Central Office sends the individual's file to all providers with appropriate openings.

4. The group home provider reviews the packet and decides if they want to serve the individual. If they say yes, plans are made to move the individual into the home. If they say no, the State continues to look for a provider to take the individual.

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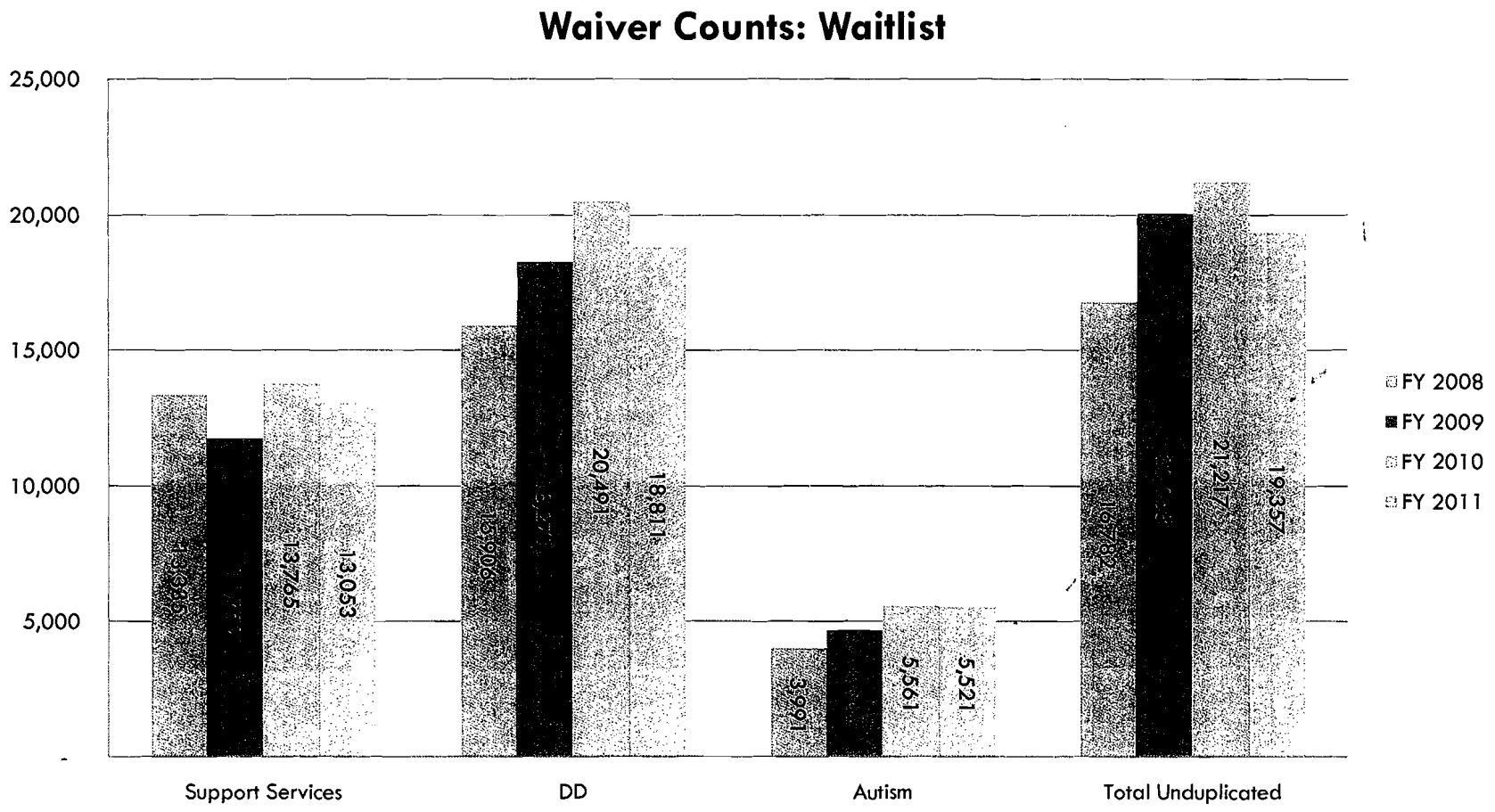
Waiting List



Waiting List Cleanup

- Phase 1 - included cleaning up the "Statuses" in our computer system.

- Phase 2 - included cleaning up individuals who never had a Developmental Disability Profile completed.

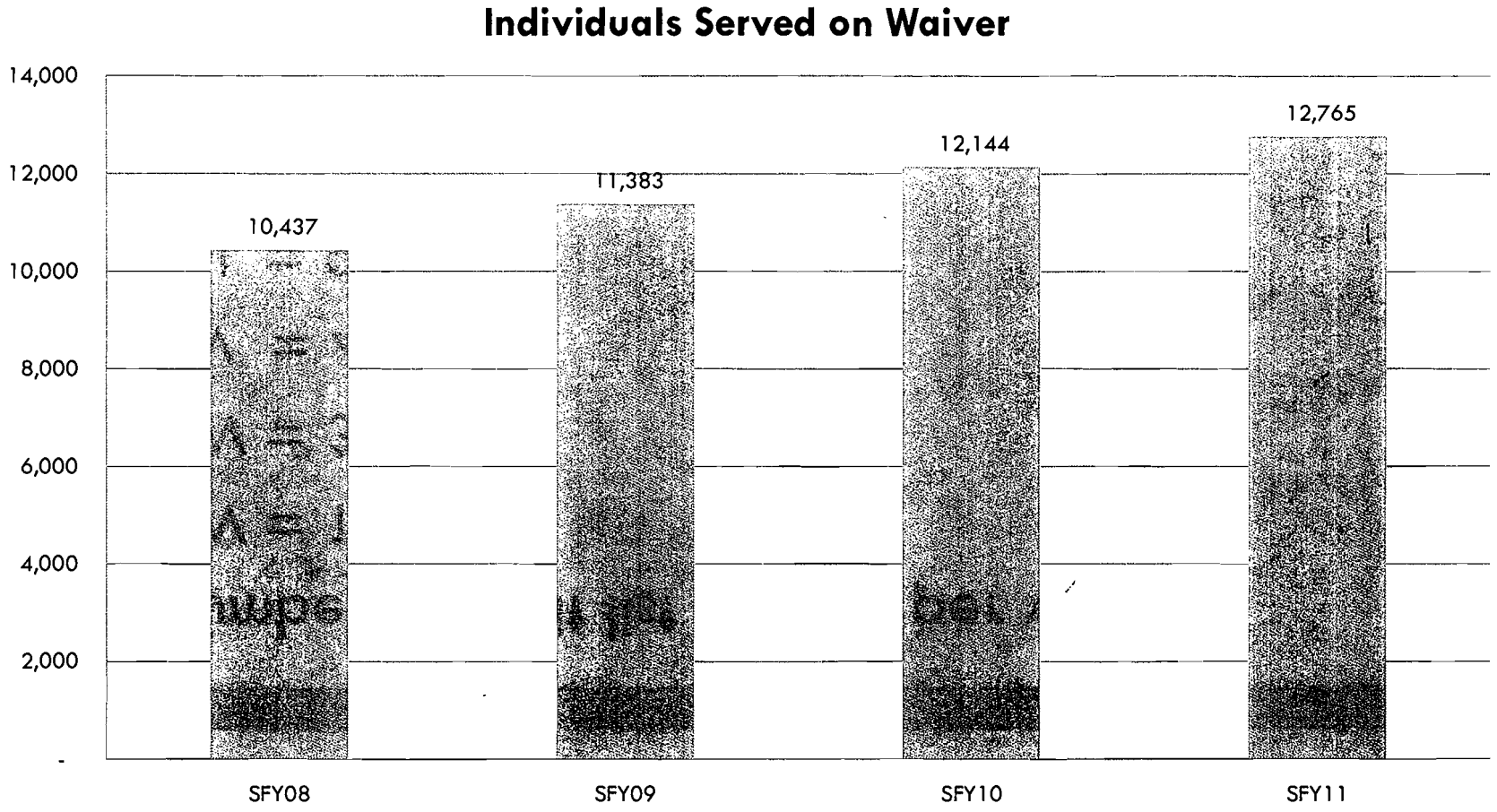
- Phase 3 - is ongoing and entails going through every remaining individual and identifying those we have been unable to locate, those who have been unresponsive to our correspondence, and those who have refused our services in the past.

- 85% of individuals on the waiting list are currently receiving other State supports such as Medicaid, Choice, and other HCBS waivers.

Waiting List and Employment

- 1,457 of 12,000 BDDS Wait List consumers eligible for employment have active VR cases (12%).
- 5,104 of 12,000 BDDS Wait List consumers eligible for employment have no active case, but did have a prior closed VR case(s) (42.5%)
- Approximately 6,000 of 12,000 BDDS Wait List clients eligible for employment have never worked with VR (50%)

Waiver Slots



Waiting List Targeting

- The number of wait list targets per waiver:
  - AUW = 123
  - DDW = 365
  - SSW = 491
  - Total = 979

- The number of priorities placed = 339

Waiver Targeting Process

Consumer Targeted by Central Office

- Letter sent to inform; 30 days to accept or decline waiver slot
- Accepts:
  - Gathers necessary collateral information
  - 21 days from date of letter to obtain 450B from physician
  - 60 days to apply for/obtain Medicaid
- Declines; taken off list

- From date of contact:
  - Consumer has 30 days to transfer Medicaid status if necessary
- At intake meeting:
  - Collateral information reviewed and Level of Care, again, established
  - DDP is completed
  - ICAP is ordered
  - Allocation is recorded into system

- From date of contact:
  - Consumer has 5 days to interview and choose permanent case manager
  - Consumer has 14 days to interview and choose, at minimum, one provider
- From date provider is chosen:
  - Consumer has 14 days to complete the service planning process and submit CCB
  - Once CCB is completed, consumer has 3 days to review and sign service planning documents

Nursing Facility Transitions

- 1532 individuals are currently in nursing facilities
- An annual face-to-face visit is conducted to offer the choice of community living.
- 39 individuals have transitioned to community based settings since 2009.
- DDRS is committed to continued monitoring and communicating of information on nursing facility transitions on an on-going basis.

Definition of Developmental Disability

"Developmental disability" means the following:

(1) ~~Except as provided in subdivision (2), before July 1, 1993, the term means~~ a **severe chronic** disability of an individual that **meets all of the following conditions:**

(A) is attributable to:

(i) ~~mental retardation~~ intellectual disability, cerebral palsy, epilepsy, or autism;

(ii) any other condition **other than a sole diagnosis of mental illness** found to be closely related to ~~mental retardation~~ intellectual disability, because this condition results in similar impairment of general intellectual functioning or adaptive behavior or requires ~~similar~~ treatment ~~and~~ **or** services **similar to those required for** ~~**mentally retarded**~~ **intellectually disabled persons;** ~~or~~

~~(iii) dyslexia resulting from a disability described in this subdivision;~~

~~(B) originates before the person is eighteen (18) years of age;~~

~~(C) has continued or is expected to continue indefinitely; and~~

~~(D) constitutes a substantial disability to the individual's ability to function normally in society.~~

~~(2) For purposes of IC 12-10-7 and IC 12-28-1 before July 1, 1993, and for purposes of IC 12 after June 30, 1993, the term means a severe, chronic disability of an individual that:~~

~~(A) is attributable to a mental or physical impairment, or a combination of mental and physical impairments (other than a sole diagnosis of mental illness);~~

(B) is manifested before the individual is twenty-two (22) years of age;

(C) is likely to continue indefinitely;

~~(D) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; and~~

(D) ~~(E)~~ results in substantial **functional** limitations in at least three (3) of the following **areas of major life activity:**

(i) Self-care.

(ii) ~~Receptive and expressive language.~~ **Understanding and use of language.**

(iii) Learning.

(iv) Mobility.

(v) Self-direction.

(vi) Capacity for independent living.

(vii) Economic self-sufficiency.

Definition of Developmental Disability

1. "Developmental disability" means a severe, chronic disability of an individual that meets all of the following conditions:
2. Is attributable to:
   a. intellectual disability, cerebral palsy, epilepsy, or autism; or
   b. any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability, because this condition results in similar impairment of general intellectual functioning or adaptive behavior or requires treatment or services similar to those required for a person with an intellectual disability.
3. Is manifested before the individual is twenty-two (22) years of age.
4. Is likely to continue indefinitely.
5. Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
   a. Self-care.
   b. Understanding and use of language.
   c. Learning.
   d. Mobility.
   e. Self-direction.
   f. Capacity for independent living
   g. Economic self-sufficiency

Community Residential Facilities Council – DDRS Provider Review Committee

<u>Responsibilities:</u>

- Supported Living
  - Determine need for additional RHS providers and other specific services per geographical areas
  - Approval & Re-approval of waiver providers
- Supervised Group Living
  - Follow process for increased staff hours request and license withdraw.
  - Committee will make recommendations concerning SGL
  - Review SGL related matters and new provider proposals
- Current Review Process
  - Committee reviews annually the licensure status of group homes

Priority Waiver Slots

RESERVED CAPACITY and WAIT LIST SLOTS	Slots per approved waiver for WY 3
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	Aging out of DOE/DCS/SGL
[redacted]	Institutional Transitions
[redacted]	[redacted]

Aging out of DOE/DCS/SGL

Transitions from NF/ESN/SOF

Leave LP-ICF/MR

[redacted]

Serving Individuals with Developmental Disabilities in Indiana

Presentation to the Indiana Commission on Developmental Disabilities

Julia Cunningham Holloway, Director

The Arc.
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John Dickerson, Executive Director
August 10, 2011

We welcome the opportunity to come before the commission and share with you our view of the issues facing people with intellectual disabilities and their families. These are challenging times, and certainly the federal issues of the last months have made it even more challenging.

First let me be clear, any reductions in the federal Medicaid system will have dramatic impact on Indiana. Over 90% of the DD system is now connected to Medicaid. In fact without the federal Medicaid stimulus funds, the cuts experienced in the last two years would have been even more draconian. It is very important to remember that quality programs and services for people with intellectual disabilities are tied to an effective Medicaid system.

The impact of those rate cuts and program reductions have been very difficult on the system and have resulted in a reduction in overall funding. We get the need for action, we just don't want anyone to come away feeling that it was easy to absorb – it wasn't.

While it is good that the state now has a budget surplus, getting here did not come without a cost. What happens next must now be the focus of the task at hand.

Secondly, there is a growing demand for supports that up to now have focused more on providing an out-of-home placement rather than keeping families together. Again let me be clear – there are times when a son or daughter must move from the home for everyone's good. But too often we don't support families enough in times when they desperately need the supports that can keep the family together. An example – we recently were asked for help by an elderly parent whose request for a device to help keep her adult son with cerebral palsy safely positioned in the tub. The request was denied as a "luxury item." If Mom cannot safely bath her son, will she have to seek an out of home placement so that he can receive adequate care?

We also realize that the system must be reformed if there is to be any hope of reaching people on the waiting list. I was asked by Secretary Gargano recently why the number of crisis cases was growing – my answer - our population is aging, parents wear out and die, the critical nature of care giving in this economy is getting harder and harder, and the numbers are growing.

Exhibit 2
Commission on
Developmental Disabilities
August 10, 2011 Meeting #1

We have seen some progress in the last year. Just over 1,300 people have been targeted for waivers in recent months. This includes the Autism, DD and Support Services Waivers. During these difficult times it is very good news indeed that new people can be offered help and hope. Just this last Saturday I visited with a Dad in Indianapolis who just received his targeting letter after waiting over a decade. He is in his sixties and looking forward to finally receive supports for his son. A mother in New Albany shared with me that her son was targeted for the Support Services Waiver and she was very excited that he will finally get supports that not only help him work, but also allow her to get back to work now that he has supports during her working hours.

This is mirrored in so many families when they are finally targeted. Yet, in another instance, a mom recently told me that she had to sell her business this year as she must be there to care for her daughter now that she is out of school.

The Arc recently completed the largest study of its kind with over 5,000 families responding nationally – 20% of families reported one of the parents needed to quit their job when their son or daughter left high school. I believe from what families have told me that is true for Indiana. I am not an economist but I cannot believe it is good for our economy for quality workers to not be in the workforce, and it certainly reduces the self-sufficiency of everyone in the home.

The waiting list remains a critical issue and one The Arc is committed to continue working on, in fact many of the parents in this room today are part of our waiting list task force that has been meeting for several months to prepare recommendations on how Indiana can modernize its approach to the waiting list, including how access to services can best be prioritized to help people in need, and how to help people on the waiting list access other community supports while they are waiting. Who best to ask how to address the waiting list and be fair but families themselves and self-advocates – both those who have supports and those waiting – to address this critical issue.

We have seen improved implementation of the Objective Budget Allocation Process which began in January and now is in its eighth month. There has been progress in making the allocations more accurate and better reflect needs. I recently shared with FSSA that 80% of OBA budgets may be on target - a marked improvement that deserves recognition. We need to continue to address the other 20% as this includes some critical cases of people with high needs. In addition, there are how the OBA process impacts children and adults living at home a priority area Indiana wants to support as long as possible is critical. Indiana also has to consider ways the money can be stretched and used with greater flexibility in order to save money.

FSSA's, providers and advocacy groups need to work together to review the overall financial data from our system – including the total amount that is being allocated, how much is actually being spent, how it is or is not able to be used. This analysis should be used to continue to refine the system. FSSA has in fact formed a data work group to do that and we look forward to that getting started.

This year there was a tragic situation when a provider with over 150 people in its care gave notice, literally at midnight, that they were shutting down. In that instance, while it was not always pretty, the state, providers and families pulled together to keep everyone safe. We need to address lessons learned in that process to make sure people are not put at that same risk in the future.

The answer is not simply more rules and regulations; but instead the right rules, timely intervention and less meaningless regulations. We need to assure that people are with quality providers, have choice to move and take their resources with them when they find a program that better meets their needs or simply allows them to live in a situation they would prefer and their budget supports. More transparency and control by consumers – not more regulation will make the process work better. But again, I want to complement the FSSA staff who worked through the night, the providers who responded and the families of those served and others who volunteered – to make this transition work.

Last year when we came before you we had just launched our Pathway Campaign. Over the past 18 months we have engaged people from around the country, some of the most experienced leaders in our field, to help us explore what the future for people with intellectual disabilities and their families should look like and how we can get there. They helped us identify major trends that can and should be employed to create a better Indiana for people with disabilities. We then gathered together a team of 30 Indiana leaders - families, people with disabilities, and professionals to lay out a plan for how this transformational change can be achieved.
Five major principles were identified:

1. Employment and a Career path must be part of the plan for everyone
    - Work means a range from full time employment with benefits to community volunteering
    - The structure must become more responsive and timely in working with consumers, eliminating paperwork and administrative cost

2. Attention must be given to realizing the unique gifts that everyone has
    - Barriers and roadblocks the keep people from exploring their gifts must be removed
    - The system must be made more streamlined to allow people to do what works for them

3. The system has to do more to support family resourcefulness
    - Implement new ways to support families and direct resources to help them build "community" for their loved ones
    - Change the long-term trend from a higher than national average out-of-home placement rate
    - Recognize that there indeed is a time when some families cannot care for loved ones at home and a time when adults with disabilities are need to leave home

4. Shift the power
    - Stop doing what does not work or add value and do more of what does work and adds value
    - Place both control and responsibility for wise use of funds in the hands of people with I/DD and their families
    - Eliminate and reduce every regulation that does not add value but does add costs

5. Use what you need
    - Actively encourage families and people with I/DD to help control costs
    - Redirect those savings to those in need both in the system and those waiting

To do this there must be a commitment to effecting a real cultural change with families and people with I/DD, and structural changes that affect how government works and how providers work together to stretch resources and serve people better. It will not be easy, but we cannot simply continue to reduce rates and believe that offers a real and sustainable solution. The option of the status quo is quickly being eliminated as an option.

The recently passed budget bill contained several provisions for reports to the commission and the Medicaid Oversight Committee. We are meeting with FSSA on these important issues. And while we have just started and there are not yet results to report, I can tell you The Arc is committed to continuing our campaign to transform Indiana's service system.

Recently in discussions it was pointed out that we have several people on the waiver who are over $500 per day – less than 30 people for the entire state with a population served of nearly 20,000 people. I asked, how many people they thought we had 10 years ago in 2001 that were over $500 per day ? I went back and checked. At that time both Muscatatuck State Developmental Center and Fort Wayne State Developmental Center were still open – nearly 700 people with budgets that in terms of today's dollars would be considerably over $500 per day. Now a decade later we have less than 30. At that same time, Indiana served nearly 3,000 less people statewide than we do today. Today there are fewer than 30 people over $500 per day – our most challenging people – down from over 700 people at over $500 per day 10 years ago – a remarkable achievement for Indiana that took the leadership of several governors, this commission, dedicated people at FSSA, providers and families. That transformation started with this commission and your commitment to the 317 plan.

It will take that same sort of transformational plan to take Indiana to the next level, one that has the commitment of many, the dedication of all and the accountability to those both currently being supported and those waiting. That transformation will not happen by simply lowering rates and spending, but by cultural and structural changes to how we, the state, consumers and providers work together.

The work that has come out of the Pathways process will be presented to our Board of Directors on August 27th. If the Board approves this plan – and it includes some controversial recommendations - we hope to be able to share it with you at the next meeting.

We know that such change will not be easy – but it never was nor will it be easy in the future.

Thank you for your time and I would be glad to answer any questions.