



DDRS Advisory Council

June 16, 2021

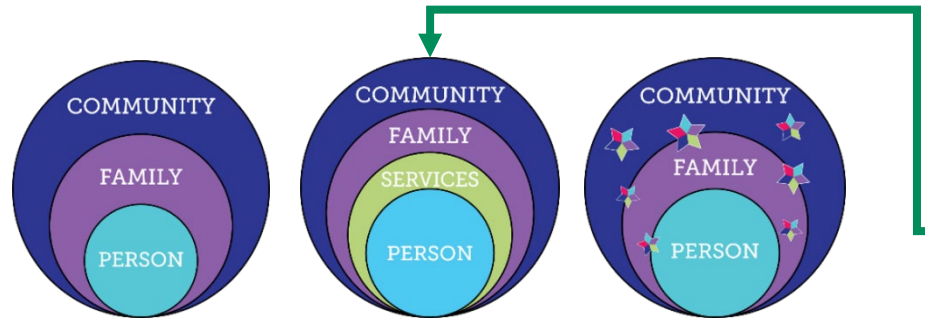


Agenda Item	Time	Discussion Leader
Welcome and Introductions	10 minutes	Kim Opsahl
Culture Change & Systems Transformation through the CtLC Framework	80 minutes	Jenny Turner
BDDS Updates <ul style="list-style-type: none">• Case Management Innovation• COVID-19 Data and Activities	30 minutes	Cathy Robinson

Next Meeting: July 21, 2021

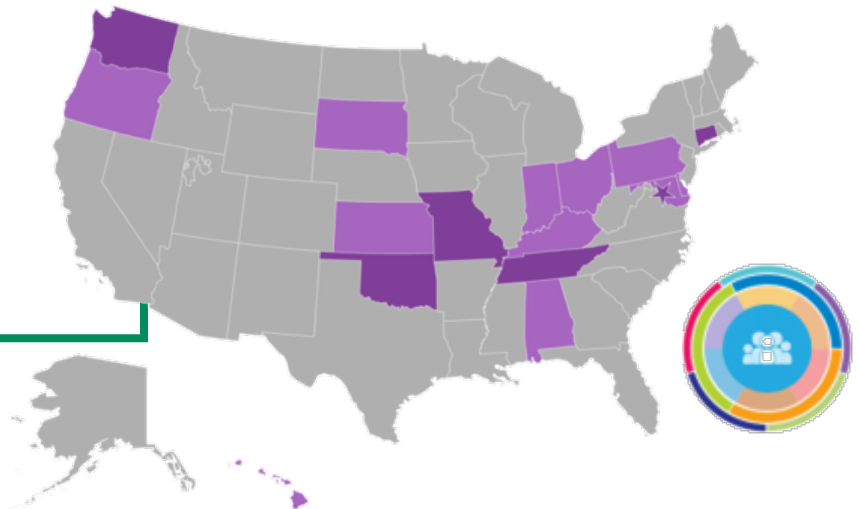


• How it Started - 2016



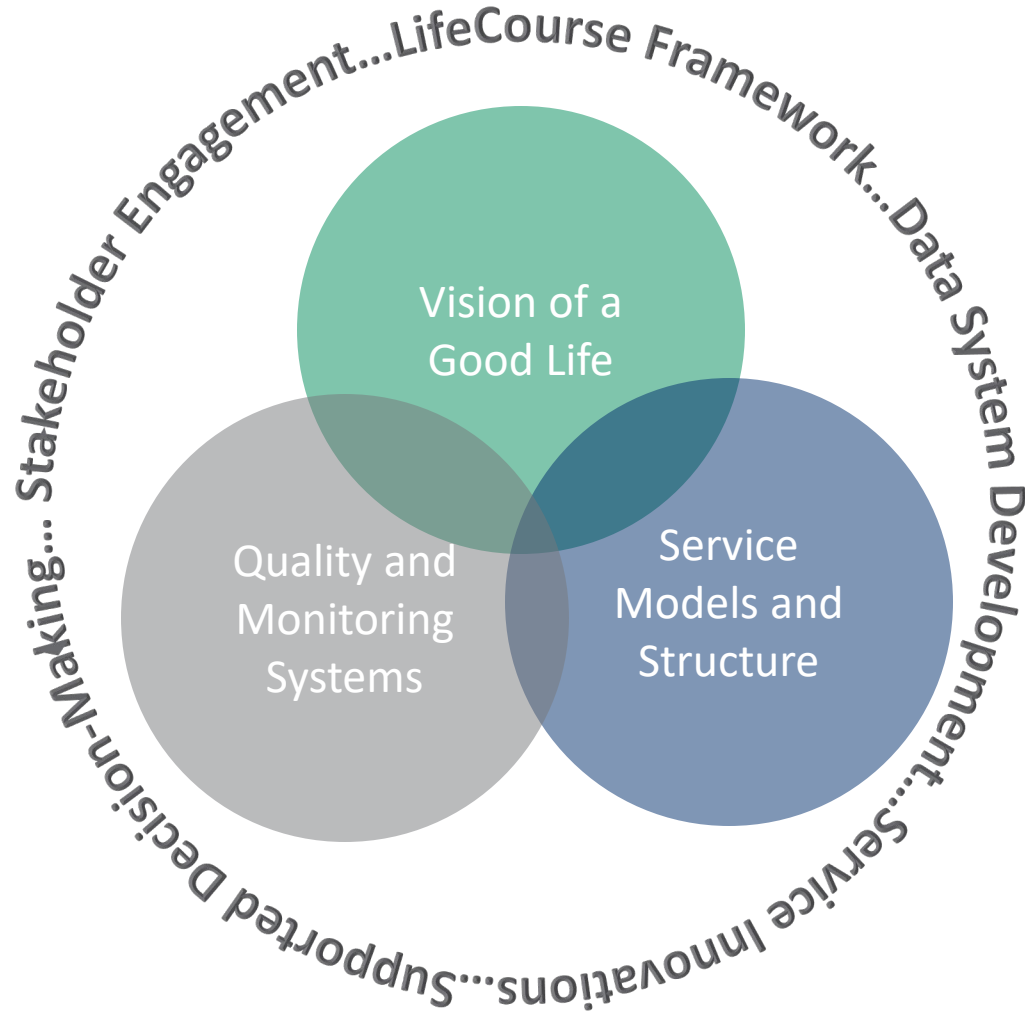
We Were Here

So, We Started Here





• How It's Going





So, We Keep Moving Toward
Here. . .

**A System that Supports the Person
as the Primary Driver of their Life
and the System as a Whole**



Exploring Charting the LifeCourse Integration

Indiana DDRS Advisory Council

May 19, 2021

What We Hope to Achieve Today

- Feedback and Ideas:
 - Using the principle of Integrated Supports to identify strengths and opportunities
- Principle Overview:

A Working Definition of Choice

Choice is when anyone has **ownership and control** in their **daily life and decisions**, with **opportunity to seek information, explore and consider a variety of available possibilities**, and **request guidance, advice, and other supports**.

Choice includes the **ability to take risks, to succeed, to fail, to try again, and to change one's mind**, as well as the **assurance of respect for decisions and support to “follow through.”**

Productive, Solution Focused Innovations/ Applications

Shared Outcomes
System Navigation
Building Independence
Community Monitoring

- Waiver Redesign Feedback
- Partners in Transformation
- Other Stakeholder Feedback

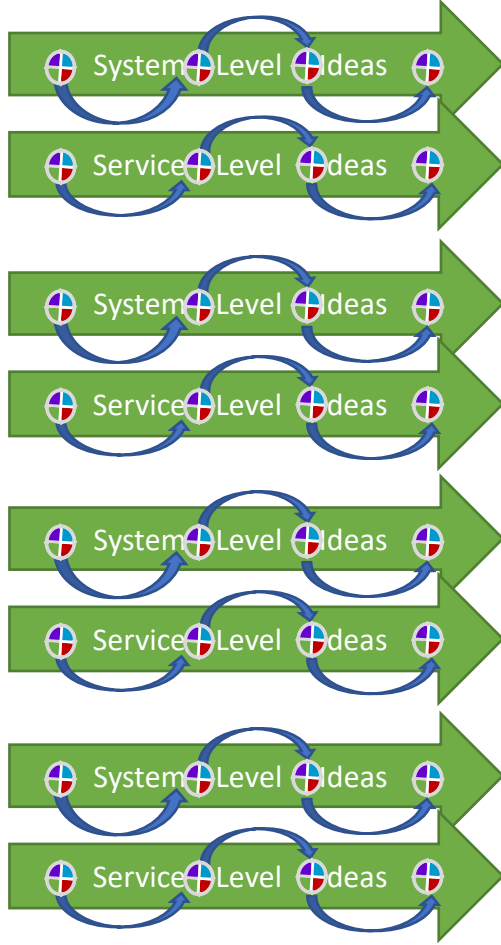
What is Choice?

Shared Outcomes

System Navigation

Building Independence

Community Monitoring



IN DDRS Advisory Council:
System Level Ideas



IN Partners in System Transformation:
Service Level Ideas

Shared Outcomes: Quality Metrics

Desired Outcomes

- Person would identify (in conversation, PCISP, etc.) – “what makes this a good life for this person?”
 - Processes would include questions to understand the person
 - Person could articulate their passion and vision
- Trajectories (plans) are “ever changing” – they are revisited
- Goals are for all services, across environments (not one provider)

Potential Strategies

System Level

- Explore value-based payment models
- Measure quality outcomes according to the individual
- Develop methodologies to get feedback from the individual re: their services

Service Level

- Core competencies for person centered practices/facilitation – including development of meaningful goals
- Develop and provide more expansive training (beyond health and safety)

System Navigation: System Education on Achieving a Good Life

Desired Outcomes

- Robust discovery and exploration processes
 - Individuals and families would know their options and be able to compare
- Build capacity for “decision making” (not just choice)
- Beginning the conversation with vision for a good life, before moving to “choice of provider/services”

Potential Strategies

System Level

- Coordinated supports across life stages
- Update the front door/initial experience
- Update the website to make more family friendly
- Restart Building Bridges meetings
- Cross-system education (education, early childhood, justice system, first responders, etc.)
- Update assessments to focus on goals/strengths, not services needed
- Change the “pick list”

Service Level

- Robust discovery and exploration processes
- Enhanced support for linking to integrated supports and services (connect and coordinate resources)
- People have skills to lead their planning
 - Self-advocate and family training
 - Peer Support
- People know their rights and speak up when they feel their rights are being violated
- Indiana “Community Awareness Campaign”

Building Independence: Defined Service Outcomes

Desired Outcomes

- Reframe and “right size” expectations for services – helping to get to a place in your life that you want to go, alongside other natural/integrated resources and supports
- People have skills to lead their planning
- People have relationships of their choice
- People are valued in their community
- People access an integrated array of services

Potential Strategies

System Level

- Clarify the role of provider and establish aligned expectations/accountability
- Shifting system “rewards” – moving from quantity of service to quality of service
- Simplification of “service menu,” names, and rates
- Increased self-direction/self-directed services
- Clear articulation of what the waiver is intended to do for people
- Develop independent living options for adults
- Enhance transportation services

Service Level

- Collaborate for shared goals across services
- Provide anticipatory guidance
- Develop shared learning collaboratives/networks
- Plan for more than 1 year at a time

Community Monitoring: Supporting Providers and Case Managers

Desired Outcomes

- Ensure consistent, person-centered culture
- Mistakes are seen as teaching opportunities
- People report they are happy and living their best life

Potential Strategies

System Level

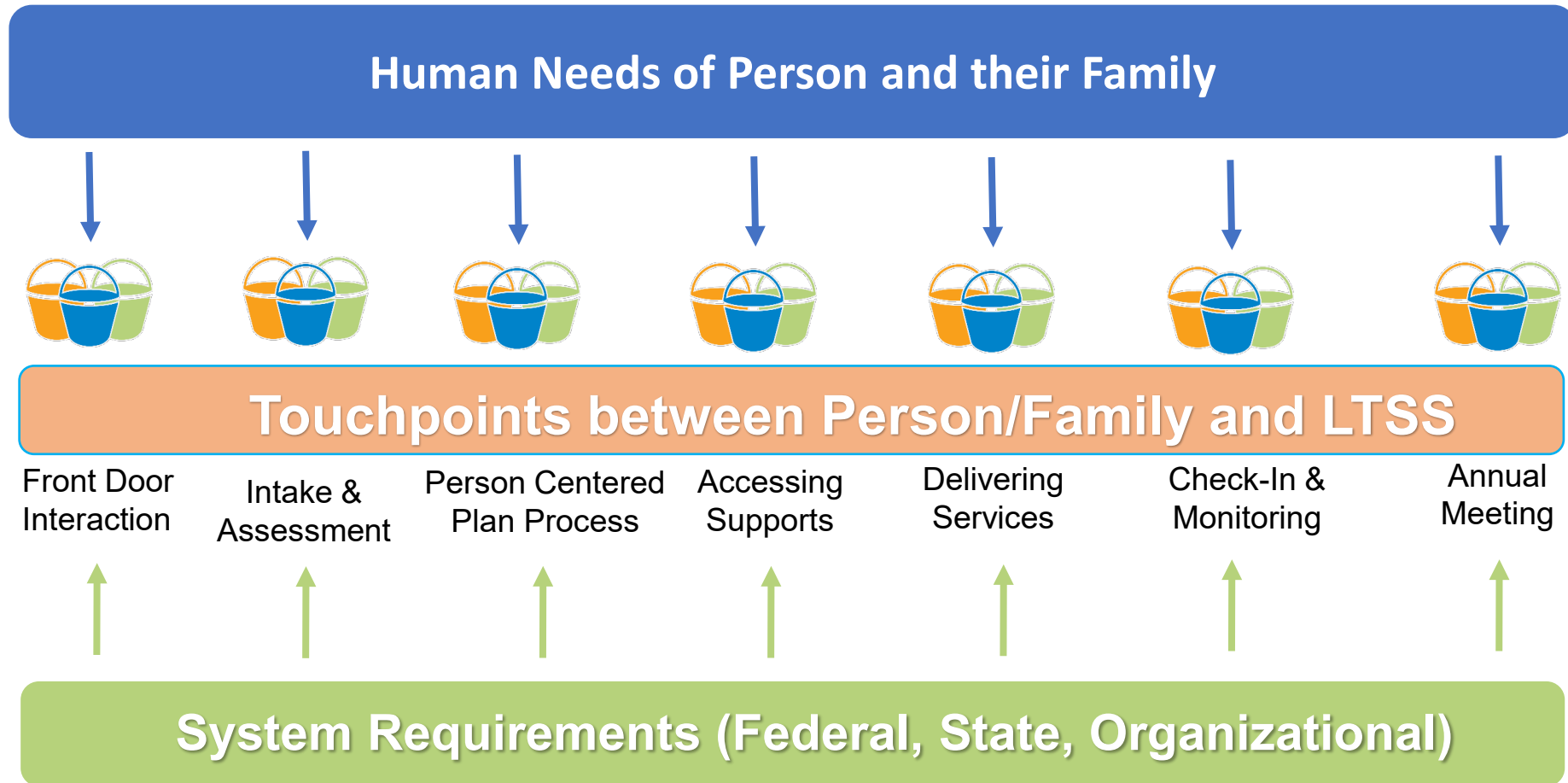
- Clarify the role of provider and establish aligned expectations/accountability
- Updated incident monitoring system and practices to ensure dignity of risk
- Qualifications and processes recognize and align with values and principles)
- Establishing a “standard of care” – clear expectations and direction
- Review case management service structure

Service Level

- Consistent based training and performance measurement related to core competencies of person centeredness
 - Doing with not doing for
 - Removing power dynamic
 - Addressing bias
 - understanding risk, dignity of risk, and risk mitigation

Transformation Across all “Touchpoints”

Touchpoints of Person Centered System



A Note About the Touchpoints

- Touchpoints Framework IS:
 - “key interactions” (or groups of interactions)
 - A way of organizing the activities for identifying:
 - Needs of individuals/families,
 - Requirements of the system,
 - Roles/Responsibilities
 - Existing (or needed) policies, procedures, practices, and resources
- Touchpoints Framework is NOT:
 - Exhaustive or inclusive of all activities
 - Linear Process
 - Prescriptive or “Changing” the Current Processes/Activities
- Purpose of Touchpoints Framework
 - Understanding (and potentially evaluating) the system
 - Gathering and organizing feedback
 - Creating a comprehensive set of recommendations for enhancing the full person-centered planning process

Deciding to Come to the System:

What brings people to the “front door” – how people know about the system (Outreach, Information)

Partners in Transformation/ DDRS Advisory Council Feedback

- Update the website to make more family friendly
- Restart Building Bridges meetings
- Cross-system education (education, early childhood, justice system, first responders, employment etc.)
- Indiana “Community Awareness Campaign”
- Clear articulation of what the waiver is intended to do for people

1102 Task Force Recommendations

- Encourage efforts to increase the use of supported decision-making and other alternatives to guardianship
- Implement Employment First to facilitate increased competitive employment options as the first & preferred outcome of services for people with disabilities

What tangible, concrete steps can/should we take to enhance this touchpoint?

What should come FIRST?

Front Door :

*Initial interaction with the system - Person learns more about the system,
System understands initial request of person, Information/referral*

Partners in Transformation/ DDRS Advisory Council Feedback

- Robust discovery and exploration processes
- Update the front door/initial experience
- Enhanced support for linking to integrated supports and services (connect and coordinate resources)

1102 Task Force Recommendations

- Improve 211 as a accessible, reliable, and responsive source for information and referral
 - *has transitioned into FSSA – working on staffing, etc.*
- Establish a statewide IDD crisis response program

**What tangible, concrete steps can/should we take to enhance this touchpoint?
What should come FIRST?**

Intake/Eligibility:

Finding out if a person qualifies for services (and, potentially – specifically what they may qualify for)

Partners in Transformation/ DDRS Advisory Council Feedback

- Core competencies for person centered practices/facilitation – including development of meaningful goals
- Develop and provide more expansive training (beyond health and safety)

1102 Task Force Recommendations

- Revamp Waiver Placement Priority Status Process
 - *Added active duty and veteran military priority status*
 - *Focus of task force currently*

**What tangible, concrete steps can/should we take to enhance this touchpoint?
What should come FIRST?**

Assessment

Formal/informal information gathering to learn about the person's wants/needs, etc.

Partners in Transformation/ DDRS Advisory Council Feedback

- Robust discovery and exploration processes
- Core competencies for person centered practices/facilitation – including development of meaningful goals
- Develop and provide more expansive training (beyond health and safety)
- Update assessments to focus on goals/strengths, not services needed

1102 Task Force Recommendations

**What tangible, concrete steps can/should we take to enhance this touchpoint?
What should come FIRST?**

Planning

Developing a plan that includes what is “important to” and “important for” the person, establishing goals and outcomes, and identifying supports and services

Partners in Transformation/ DDRS Advisory Council Feedback

- People have skills to lead their planning
 - Self-advocate and family training
 - Peer Support
- Robust discovery and exploration processes
- Core competencies for person centered practices/facilitation – including development of meaningful goals
- Develop and provide more expansive training (beyond health and safety)
- Collaborate for shared goals across services
- Provide anticipatory guidance
- Plan for more than 1 year at a time

1102 Task Force Recommendations

- Review institutional settings
 - *current work largely around informing of possibilities and options*

Waiver Redesign Activity

- Review and enhance case management
 - *Selective contracting process implemented*

**What tangible, concrete steps can/should we take to enhance this touchpoint?
What should come FIRST?**

Accessing Services

Accessing and receiving identified services and supports, including formal/eligibility specific from contracted providers and utilizing community-based resources

Partners in Transformation/ DDRS Advisory Council Feedback

- Enhanced support for linking to integrated supports and services (connect and coordinate resources)
- Change the “pick list”
- Explore value-based payment models
- Coordinated supports across life stages
- Develop independent living options for adults
- Enhance transportation services
- Simplification of “service menu,” names, and rates
- Increased self-direction/self-directed services
- Consistent based training and performance measurement related to core competencies of person centeredness
 - Doing with not doing for
 - Removing power dynamic
 - Addressing bias
 - understanding risk, dignity of risk, and risk mitigation

1102 Task Force Recommendations

- Develop a state approved outcome and competency-based training curriculum for direct support professionals.
- Develop a Medicaid HCBS waiver system with a full array of services and tiered supports to ensure flexibility of services and systems to meet the unique needs of all individuals served, accounting for age, family and community support systems, behavioral and mental health needs, and health factors. --- 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
 - Family Members as providers
 - Shared Living Model
 - Self-Directed Supports Model
 - Peer Specialists
 - Technology Supports
- Develop, expand, and promote housing options for affordable, accessible, and integrated housing in communities they choose to live in
 - *FSW renewal included Environmental Mods and CIH increase in community transition funds*
- Develop transportation strategies promoting independence and employment through

What tangible, concrete steps can/should we take to enhance this touchpoint?

What should come FIRST?

Monitoring/Continual Planning

Checking in to make sure the person is progressing towards their goals and making needed modifications/updates. (Oversight of contracted services, feedback from individuals, regular “check-ins” and plan updates)

Partners in Transformation/ DDRS Advisory Council Feedback

- Clarify the role of provider and establish aligned expectations/accountability
- Shifting system “rewards” – moving from quantity of service to quality of service
- Measure quality outcomes according to the individual
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- People know their rights and speak up when they feel their rights are being violated
- Updated incident monitoring system and practices to ensure dignity of risk
- Qualifications and processes recognize and align with values and principles)

1102 Task Force Recommendations

What tangible, concrete steps can/should we take to enhance this touchpoint?

What should come FIRST?

Shared Theme Across All Touchpoints: Feedback and 1102

What tangible, concrete steps can/should we take to address these priorities?

What should come FIRST?

- Discovery and exploration practices that are prioritized across the system
- Flexible, responsive array of services
- Core competencies
 - Establishing a “standard of care” – clear expectations and direction
 - Review case management service structure
- Self-Advocate and Family Capacity Building

Next Steps

- Identifying and finalize “action steps” and priority strategies
- Explore resources and opportunities to support taking action
- Stay tuned...



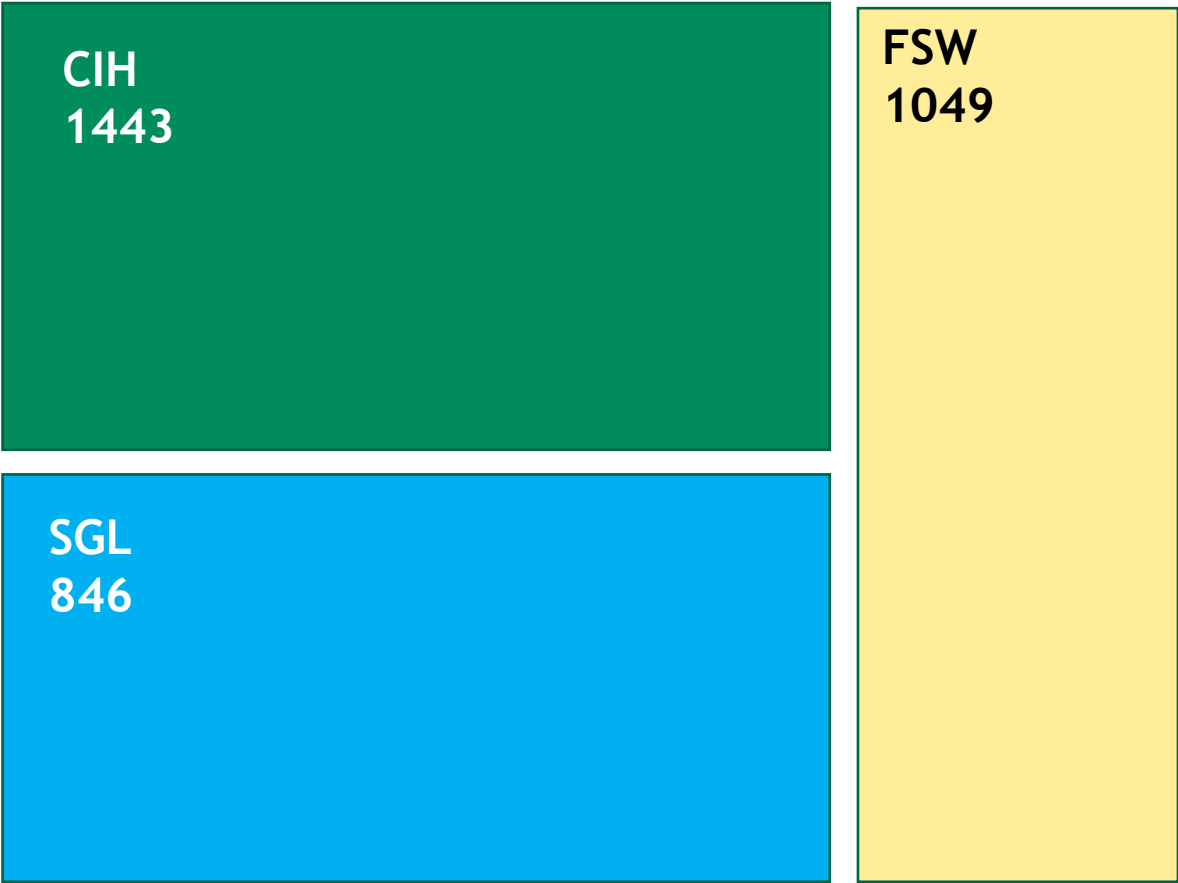
Case Management Innovation & COVID-19 Data and Activities

Cathy Robinson, M.S. Ed, Director, Bureau of Developmental Disabilities Services





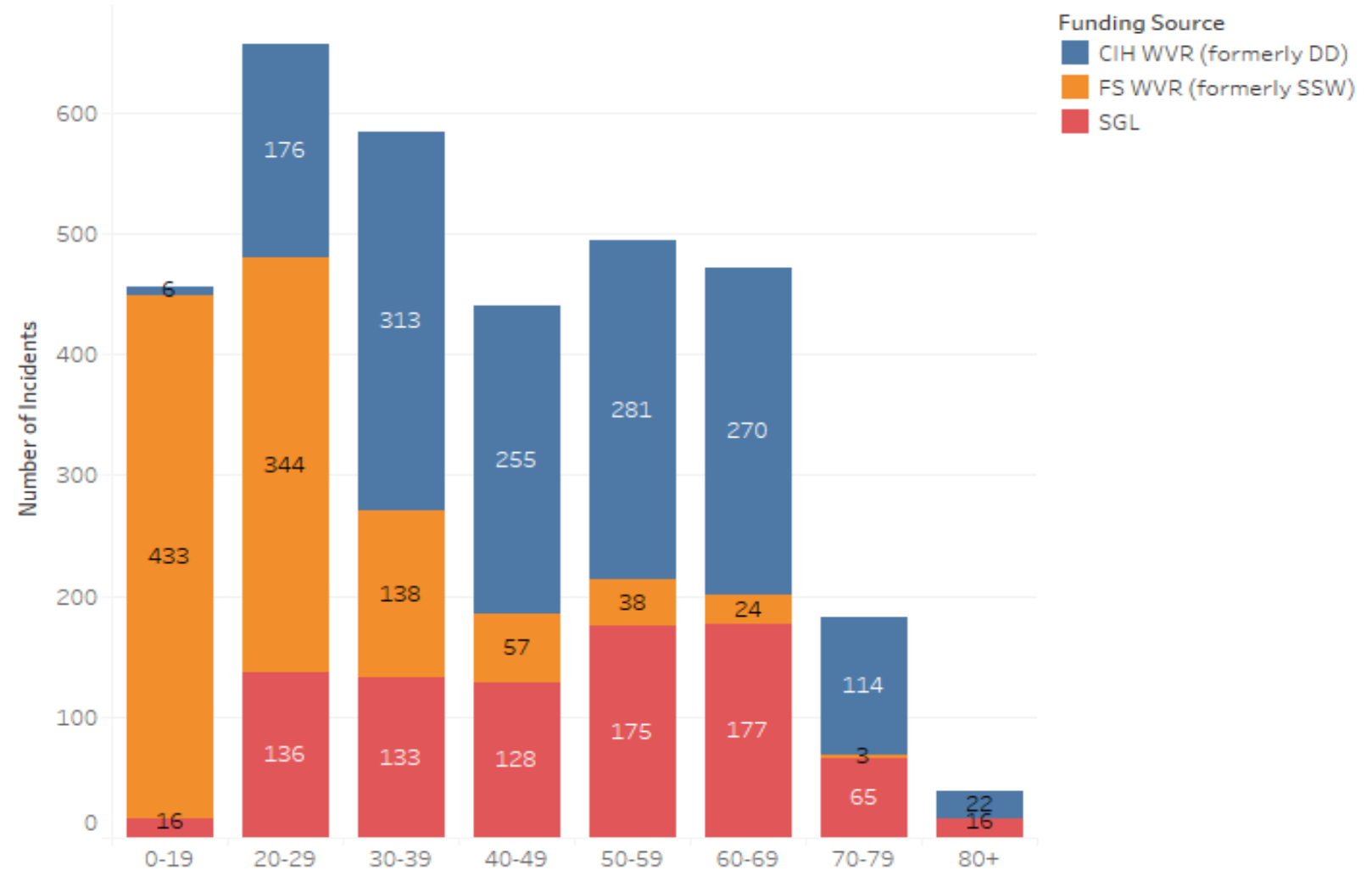
COVID-19 Data: Total Number of BDDS COVID Positive Cases



Total Cases: 3338
Total COVID-Related Deaths: 56



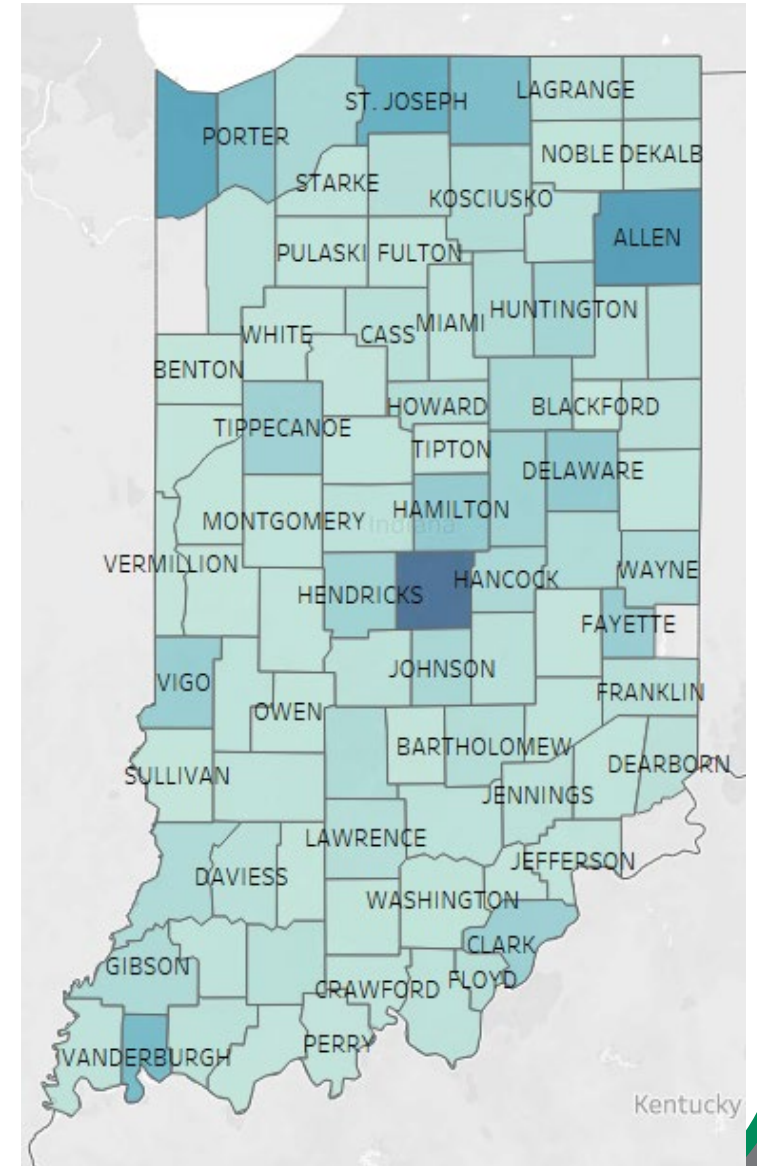
COVID-19 Data: Age Among Unique COVID Positive Cases





COVID Positive Cases by County

3338 Total Cases
Data as of 6/11/2021



Total COVID-related deaths- 56



COVID-19 Data: Total Number of Staff COVID Positive Cases

CIH
1398

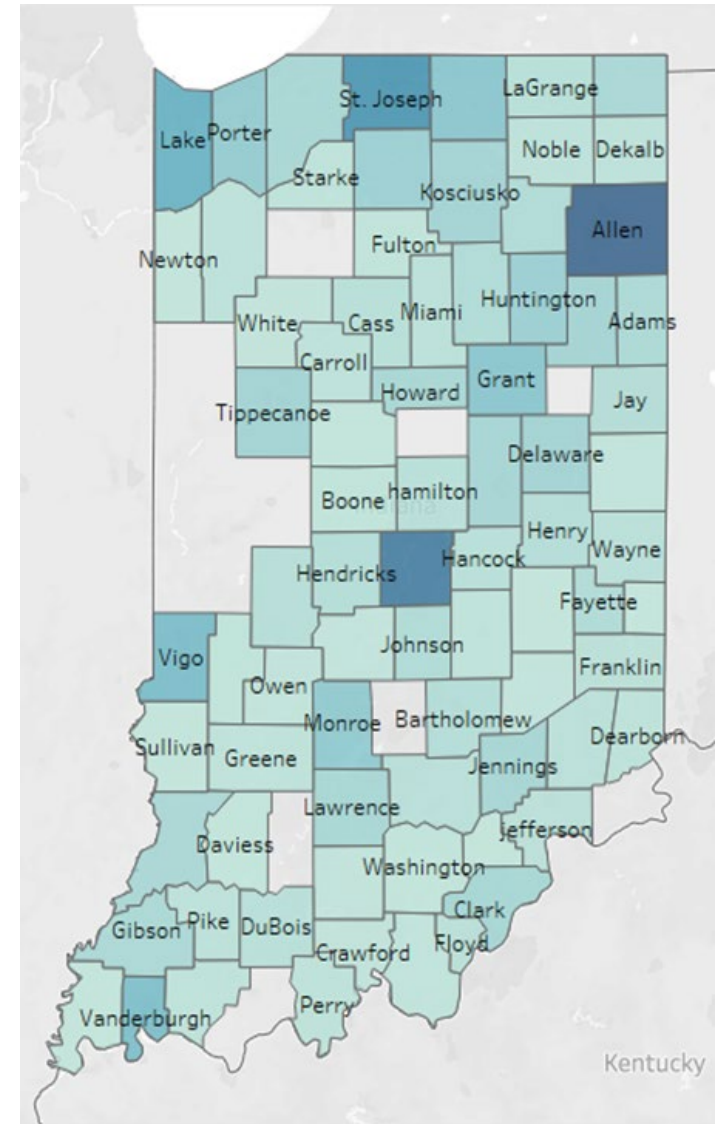
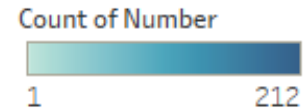
SGL
632

Total Cases: 2030
Total COVID-Related Deaths: 5



COVID-19 Data: Positive Staff Cases by County

2030 Total Cases
Data as of 6/11/2021

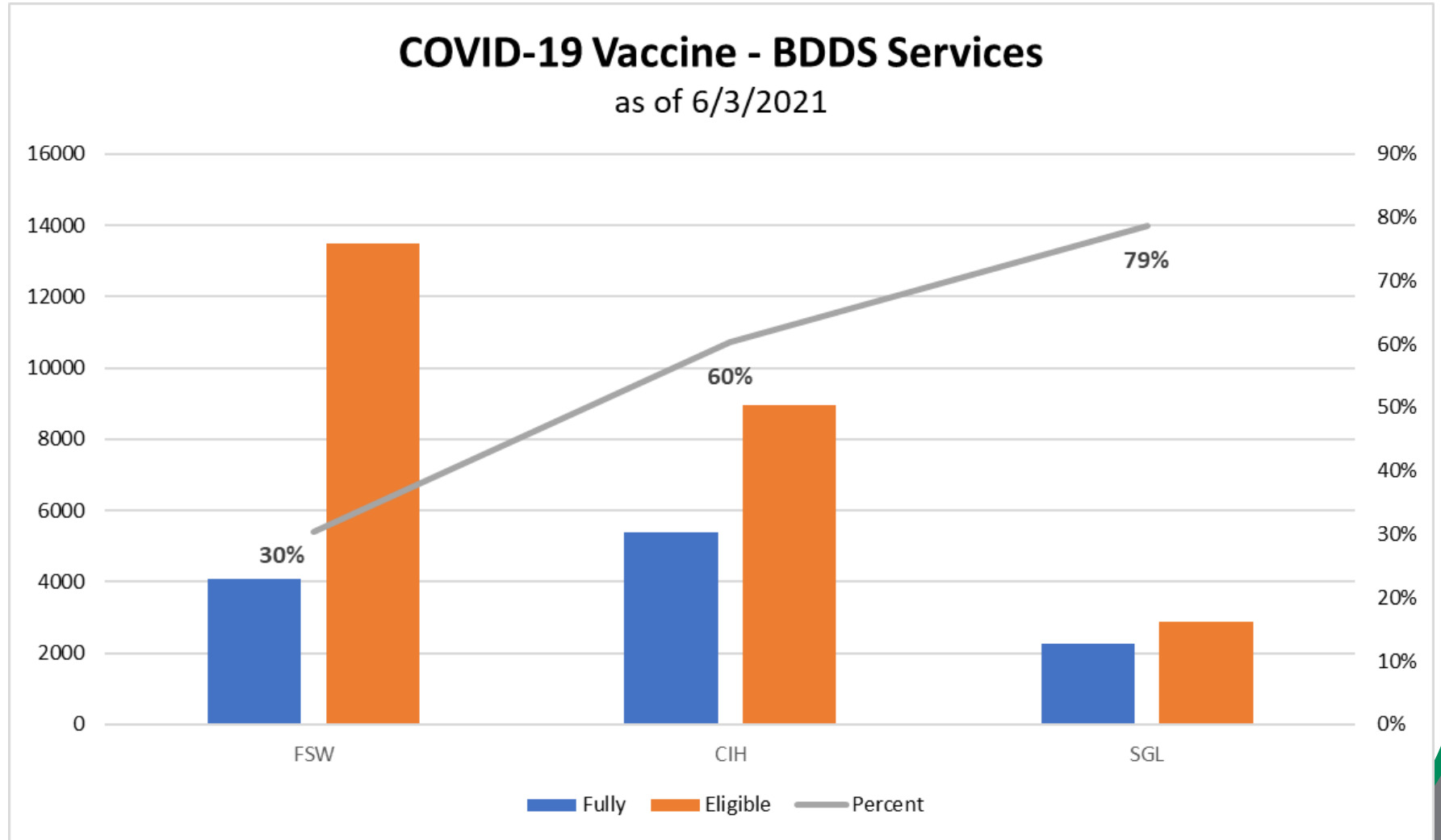


Total COVID-related deaths- 5



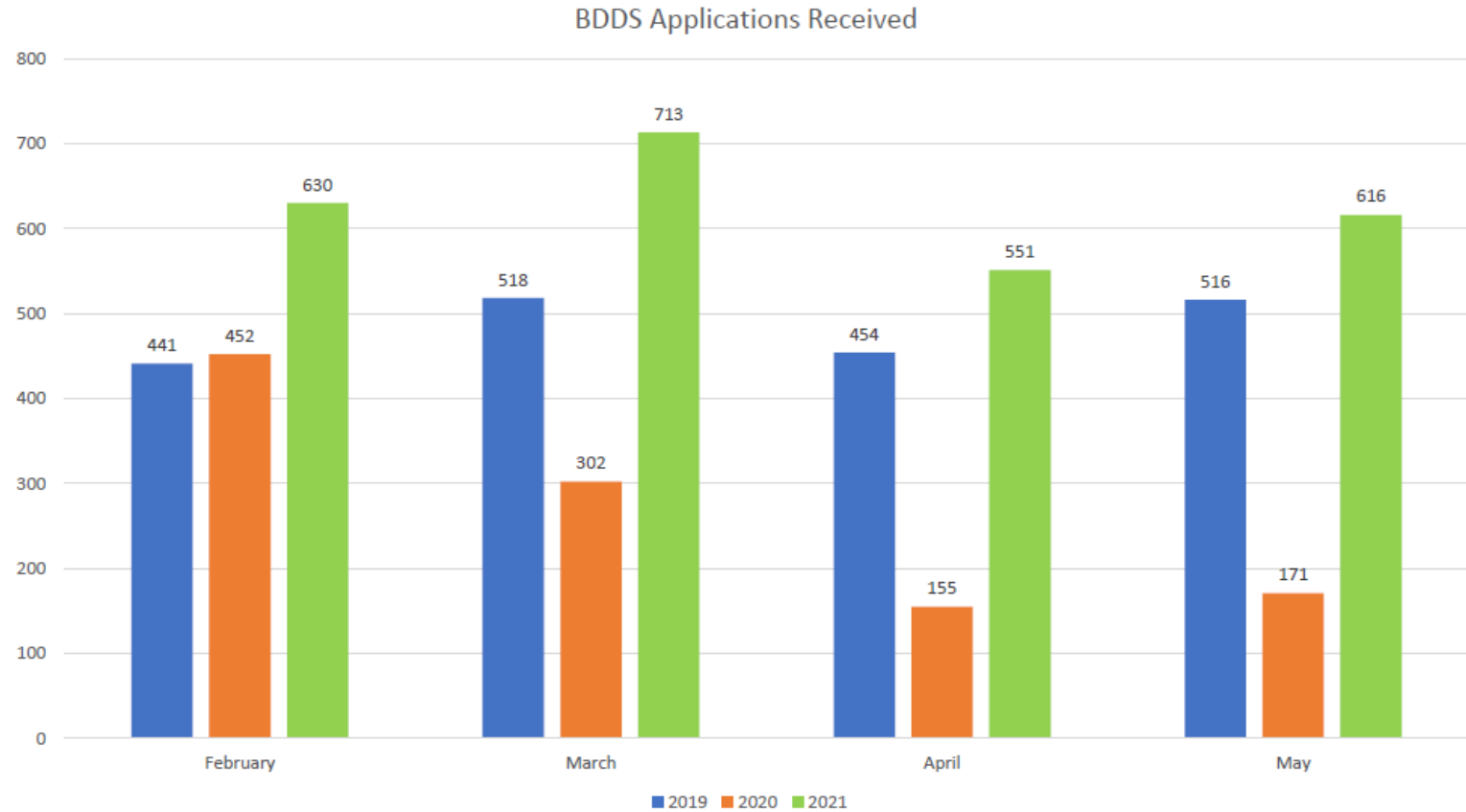
COVID-19 Data: Vaccine Status

Data as of 6/11/2021
25,304 eligible (16 or older)



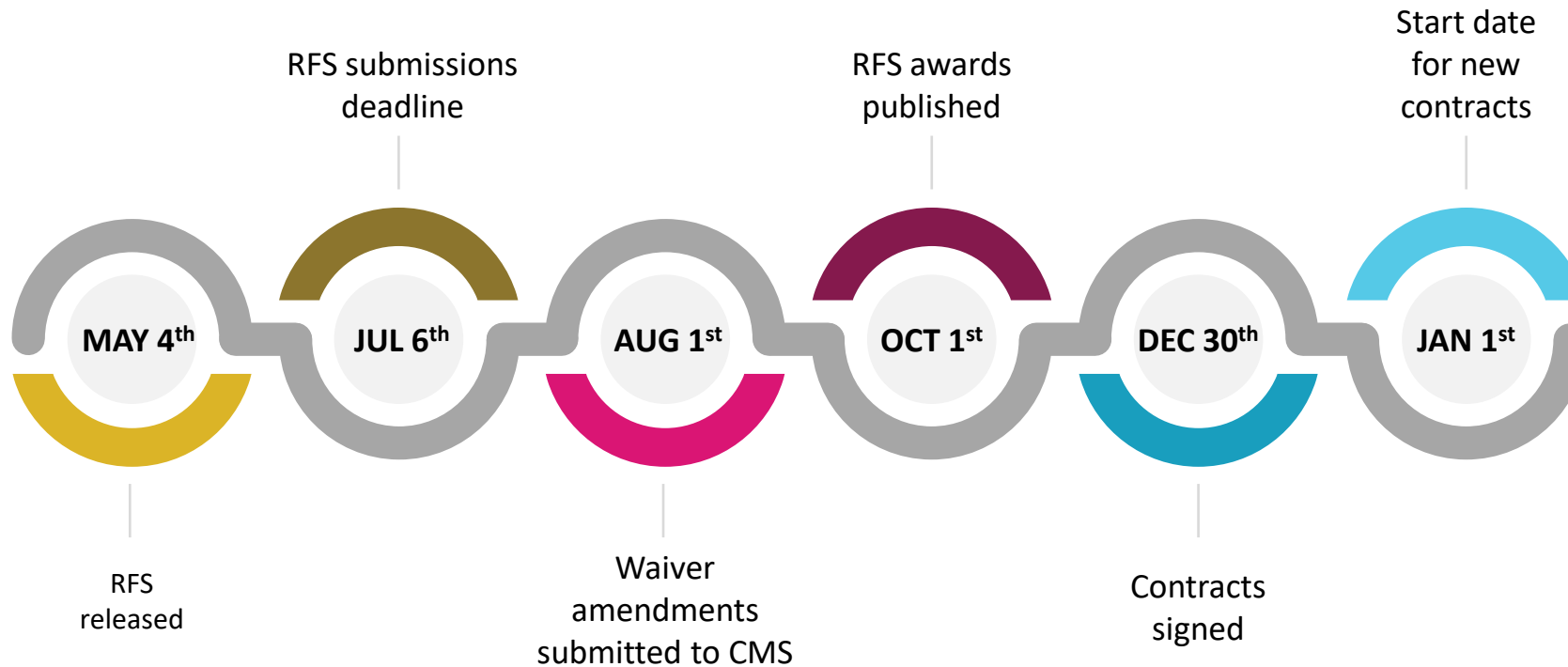


BDDS Updates





Case Management Innovation Timeline





Rate Increase and Appendix K

- HEA 1001-2021 includes a 14% increase in certain HCBS Waiver services in order to increase the statewide average wage of Direct Support Professionals to \$15/hour
- BDDS is using Appendix K authority to initially implement the increase as close to July 1 as possible
- We will file waiver amendments later this year making increases permanent
- As part of our Appendix K submission, we have requested the Family Support Waiver cap be increased from \$17,300 to \$19,614 to ensure no loss in direct service to individuals utilizing the family support waiver



DDRS Advisory Council Next Meeting

- Next Meeting:
 - Wednesday, July 21st
 - 10 am – Noon
 - Location: In-Person