



DDRS Advisory Council

May 18, 2021

Welcome and Today's Agenda

Agenda Item	Time	Discussion Leader
Welcome and Introductions	5 minutes	Kylee Hope
Culture Change & Systems Transformation through the CtLC Framework and the Integrated Support Star	60 minutes	Jenny Turner
Quality On-Site Provider Reviews: Overview and Update	30 minutes	Jessica Harlan York Janet Delehanty
BDDS Updates <ul style="list-style-type: none">• Case Management Innovation• COVID-19 Data and Activities	25 minutes	Cathy Robinson
Next Meeting: June 16, 2021		



UMKC Institute for
Human Development
Charting the LifeCourse Nexus

Exploring Charting the LifeCourse Integration

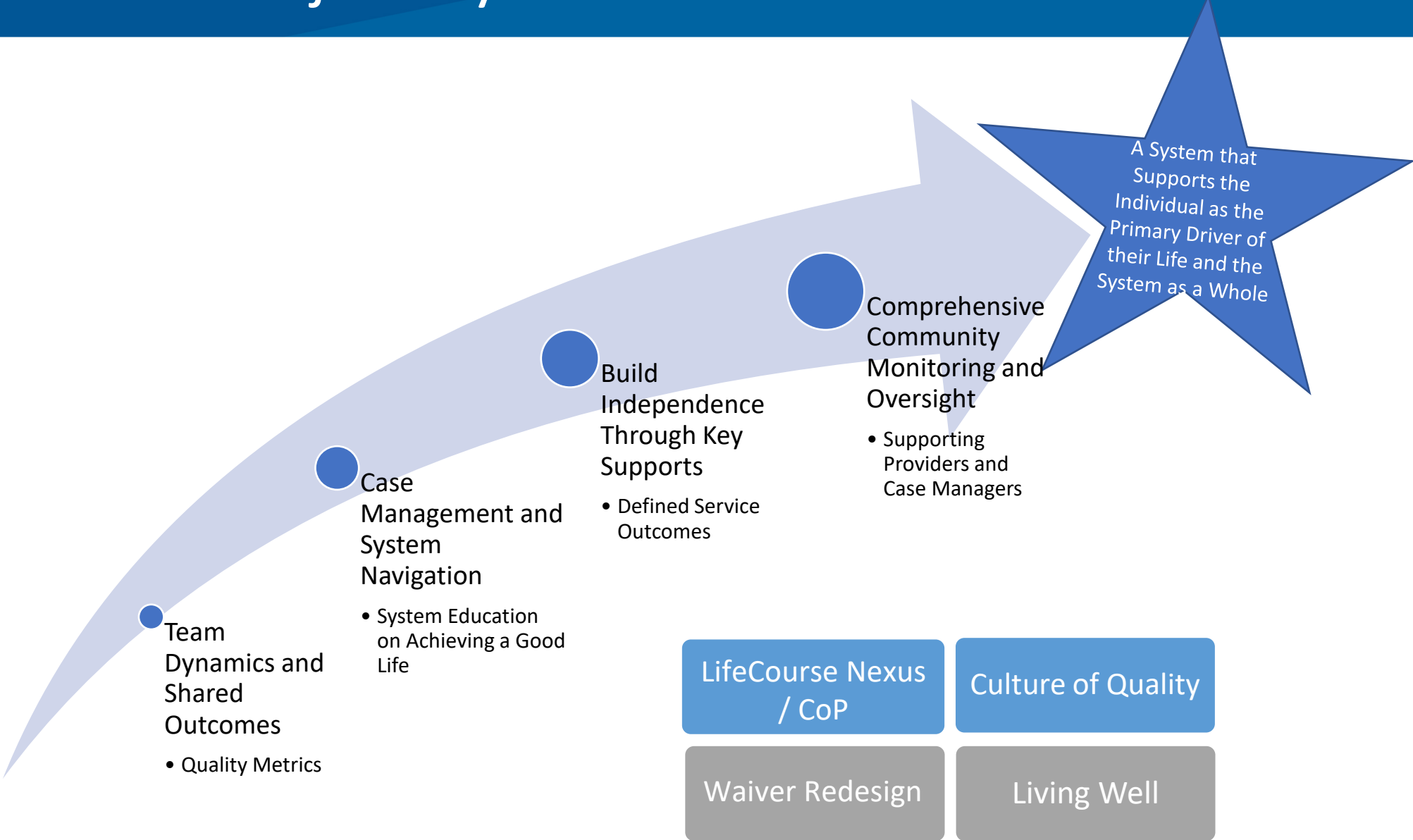
Indiana DDRS Advisory Council

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 Trajectory Toward Transformation

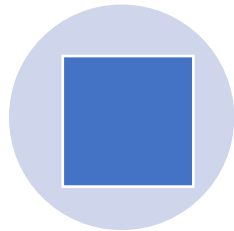


A Working Definition of Choice

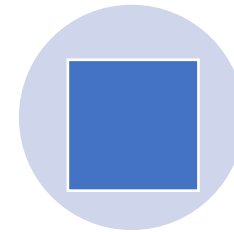
Choice is when anyone has **ownership and control** in their **daily life and decisions**, with **opportunity to seek information, explore and consider a variety of available possibilities**, and **request guidance, advice, and other supports**.

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."**

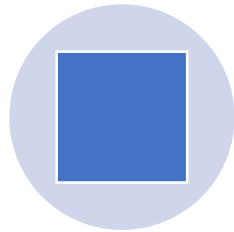
Productive, Solution Focused Innovations/ Applications



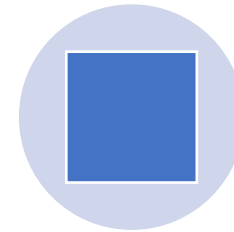
Shared Outcomes



System Navigation



Building
Independence

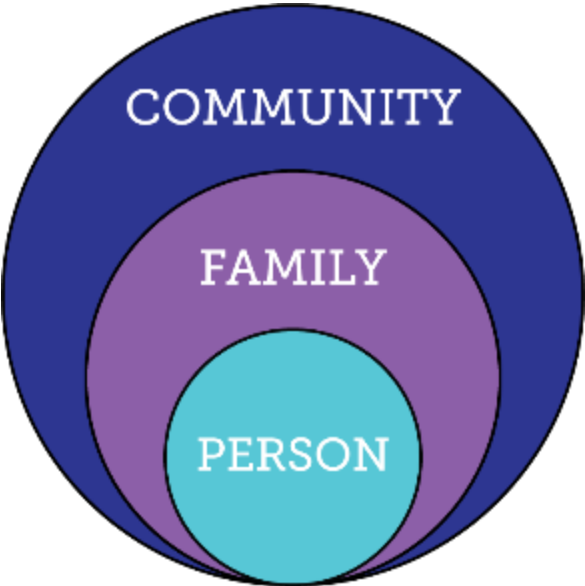


Community
Monitoring

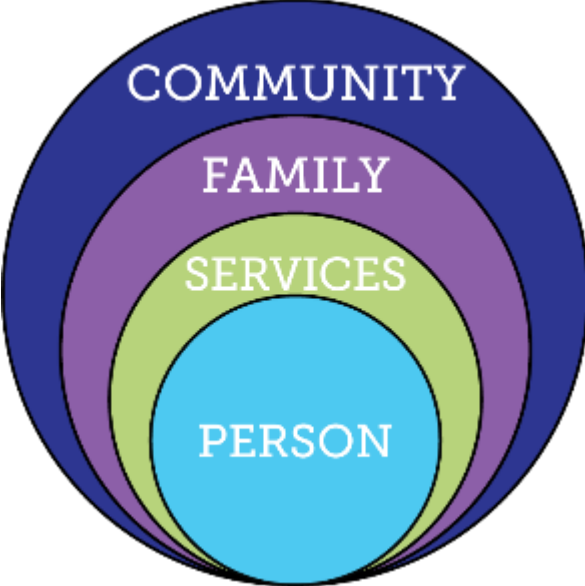
Through the lens of:
Integrated Supports and Services

Individuals and families access an array of integrated supports to achieve their envisioned good life.

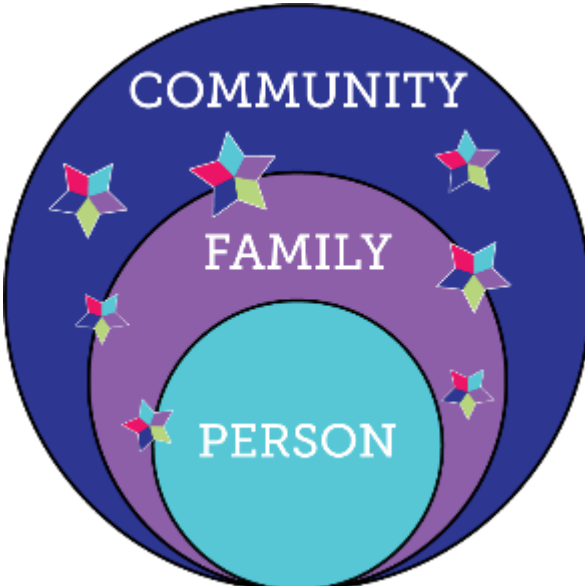
Integrating Supports and Services



Everyone exists within the context of family and community



Person in relation to Traditional Disability Services



Integrated Services and Supports within context of person, family and community

LifeCourse Integrated Supports STAR



Reflections and Brainstorming

- What does choice mean in the context of the integrated supports and services?
 - How does this principle impact/inform “choice”?
- What would this look like in our system/how would we see this in a person’s life?
 - How would we know that this was happening?
 - What would be different?

Reflections and Brainstorming

- What needs to happen in order to move toward this aspiration as a reality?
 - In your day to day, personal and professional life, what can YOU do?
 - What can YOUR LANE do to help with these identified priorities/efforts?

What's Next?

Shared Outcomes: Quality Metrics

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

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 (justice system, first responders, etc.)

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

Building Independence: Defined Service Outcomes

System Level

- 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

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

Community Monitoring: Supporting Providers and Case Managers

System Level

- 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



Ensure consistent, person-centered culture

IN PiT
(Service Level)
Priorities and Ideas

1. Improve the “complaint” process
 - People “speaking up”
 - Follow up process
2. Improve person-centered assessment and risk mitigation planning
3. Develop core competencies and collective accountability

June Discussion

Identifying the HOW

- System Level Ideas Review and Prioritization and Planning
- “Connecting the dots” with ongoing system change initiatives and priorities

Our Brainstorming So Far...

Shared 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)

System Navigation:

- Robust discovery and exploration processes
 - Individuals and families would know their options and be able to compare

Our Brainstorming So Far...

Building Independence:

- 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

Community Monitoring:

- Mistakes are seen as teaching opportunities
- People report they are happy and living their best life

Questions, Reflections, and Next Steps

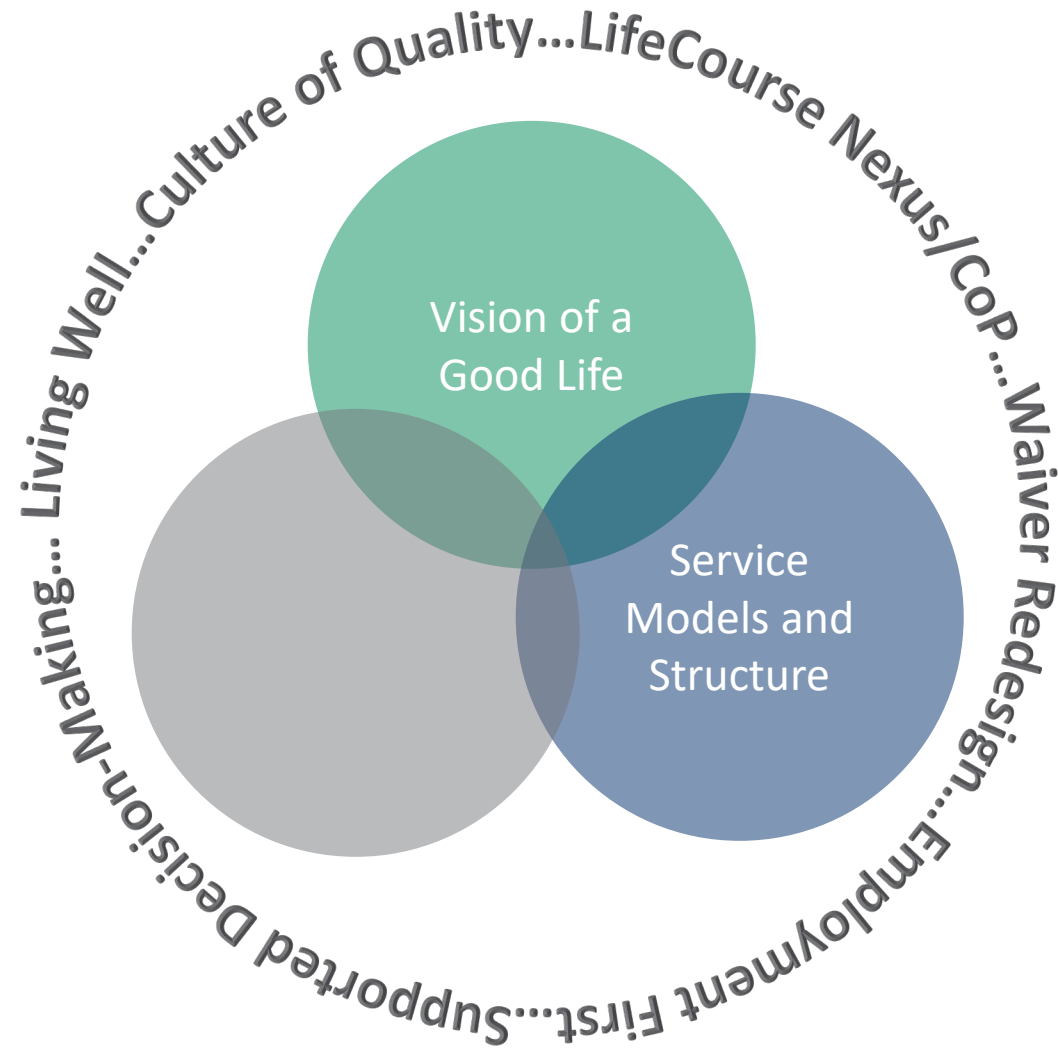


Quality On-Site Provider Reviews: Overview and Update

Jessica Harlan York, Director, Bureau of Quality Improvement Services
Janet Delehanty, Executive Director, Liberty of Indiana Corp.

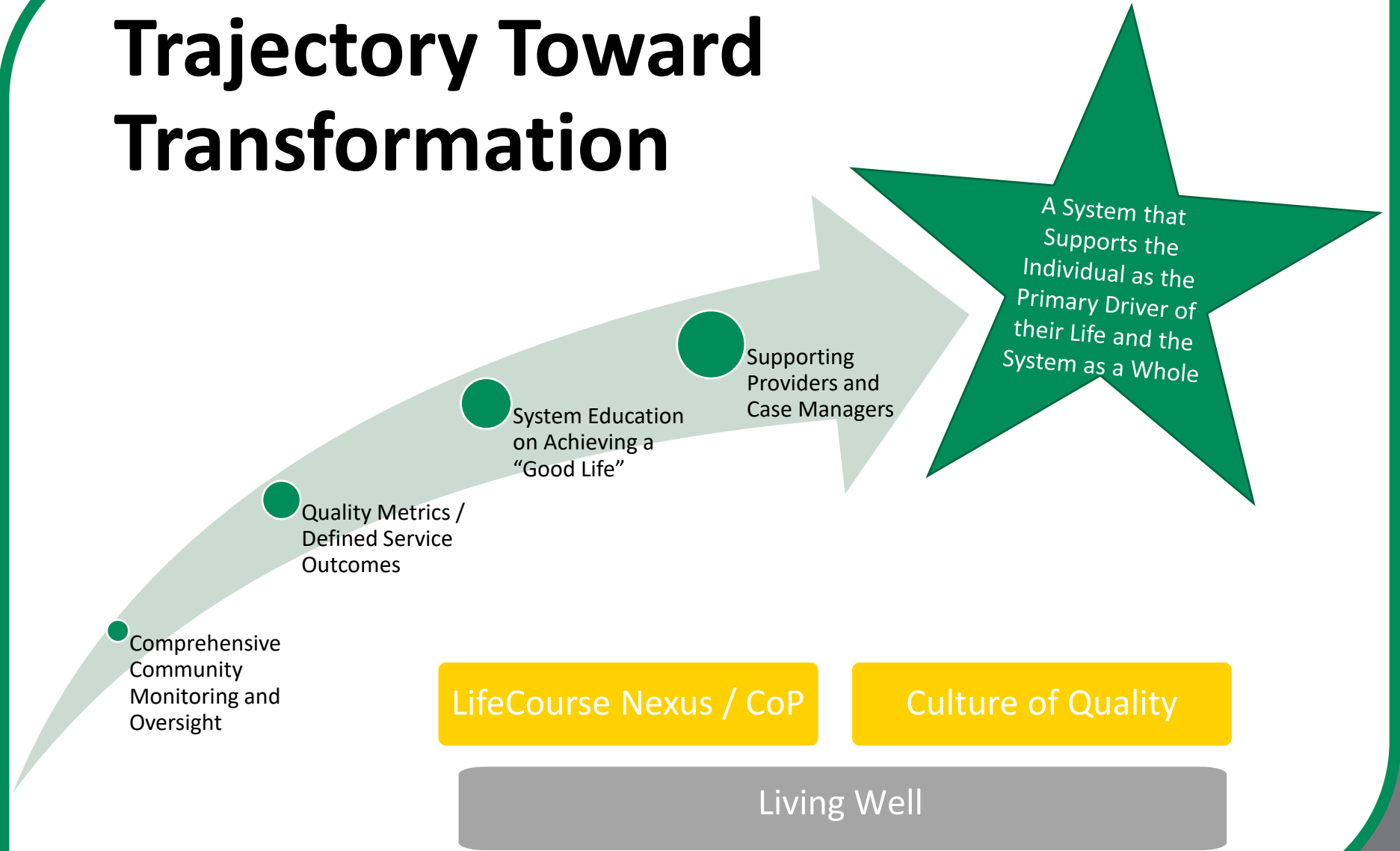


The Big Picture





Trajectory Toward Transformation





Quality On-Site Provider Review (QOPR)

Assess the quality of supports and outcomes of individuals. The process will recognize and promote the progress a provider has made in aligning their service delivery system with the person-centered values embraced in the Charting the LifeCourse Framework and the requirements of the HCBS Settings Rule.

Person-Centered Practices/LifeCourse





QOPR

The tool consists of two types of indicators

- Person Centered Indicators - focus on what is happening with the person
- Organizational Indicators - focus on provider capacity and systems that support individuals and address quality assurance in way that enables individuals to live their best life



Examples of Individual Indicators

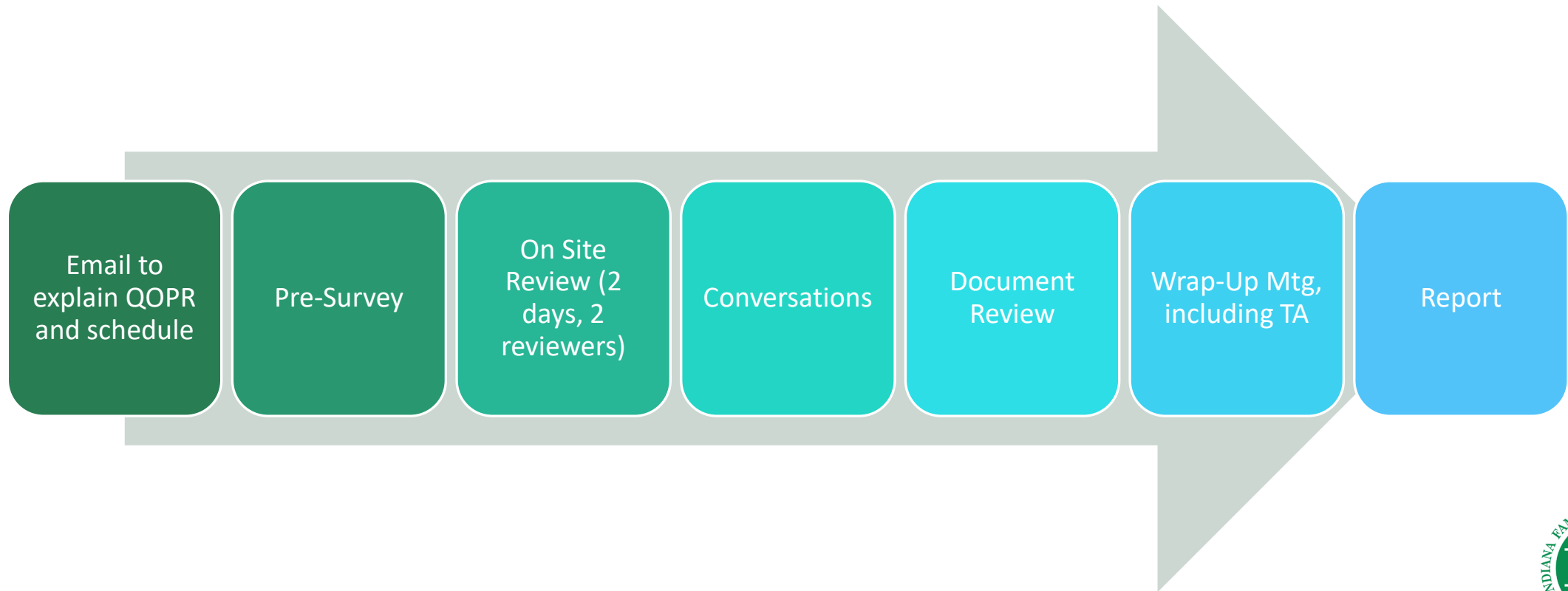
- The individual participates in the assessment process and prepares for their PC/ISP meeting in a way that communicate their wants, needs and desires
- The person has control over the services they want to receive and are currently receiving
- The person knows and evaluates all of their choices as they relate to services
- The provider, as a member of the IST, uses their community contacts, relationships, experiences, and resources to contribute to supporting action toward an individual's preferred life
- The provider complies with the HCBS Settings Rule as it relates to facilitating individual choice



Examples of Organizational Indicators

- There is a system in place to support individuals in minimizing risk while living their best possible lives
- There is a system in place to ensure individuals have the best possible health, while promoting independence and choice
- The provider supports individuals to develop relationships outside of the service delivery system
- The provider supports self-advocacy and choice
- The provider supports individuals to actively participate in scheduled team planning meetings
- There are strategies in place to learn what is important to and for individuals and implement that strategy in the person-centered planning process

Process



Ensuring a Voice

Individual and anyone they choose as support

Staff

Staff Supervisor

Management/CEO



Quality On-Site Provider Review (QOPR)

Preparing for visit

The process is intended to be easy.

You will receive an introductory email

You will be asked to complete a pre-visit survey

You will be asked to send a list of waiver participants by service

You will be asked to send a list of waiver employees, with date of hire

You will be asked to talk with individuals about our visit, and create a list of individuals who are willing to talk with us



Quality On-Site Provider Review (QOPR)

Preparing people for visit

The process will be most effective if people are at ease.

We are preparing a fact sheet that can be given to people in advance. Some areas to stress include:

We are trying not to use the words interview or audit but describing it as a conversation.

Some conversations are lasting 15 minutes, others an hour.

We would like to talk with the individual first and privately if they are willing. Staff should know this is our preference in advance, so they are not offended when/if we ask them to leave.

We may take some notes, but just so we can remember key points.



Quality On-Site Provider Review (QOPR)

Post visit activities

You will be asked to complete a post-visit survey

You will receive a written summary of the visit

You will have an opportunity to receive technical assistance and support with any areas for improvement identified



Quality On-Site Provider Review (QOPR) Pilot Experience

Strengths of Providers:

Commitment to individuals

Staff longevity

Flexibility in staff schedules to meet desires of individuals

Relationships with family members

Well organized staff files



Quality On-Site Provider Review (QOPR) Pilot Experience

Identified areas of opportunities for Providers:

Rights issues

Staff training issues

Better communication amongst an individual's team members

Increased communication between provider administrative staff and DSP's



Ensuring Rights and Protections under HCBS

Does the individual have **privacy** in their sleeping or living quarters?

Does the individual's living quarters have lockable entrance doors, with the **individual** and appropriate staff having keys to doors as needed?

If the individual shares living quarters, did the individual have a **choice** of roommates?

Does the individual have the **freedom** to furnish and decorate their sleeping or living quarters within the lease or other agreement?

Does the individual **have access** to food at any time?

Is the individual **allowed** visitors at any time?

Does the individual have the freedom and support to **control** their own schedules and activities?



Quality On-Site Provider Review (QOPR) Pilot Experience

Technical assistance recommended or requested:

How to work with guardians/families

Individual Rights

HCBS Settings Rule

Requirements of risk plans

Cooking suggestions



Quality On-Site Provider Review (QOPR) Provider Feedback

Like the collaborative approach

Appreciate a different perspective to provider issues- has been helpful

Technical assistance being available is great

The information regarding individual rights and the HCBS Settings Rule has been great

Likes how it helps tie in the State requirements- not something their Accreditation does

Have expressed having several AH HA moments, just hadn't thought about a different approach until talking about it during QOPR





Case Management Innovation & COVID-19 Data and Activities

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





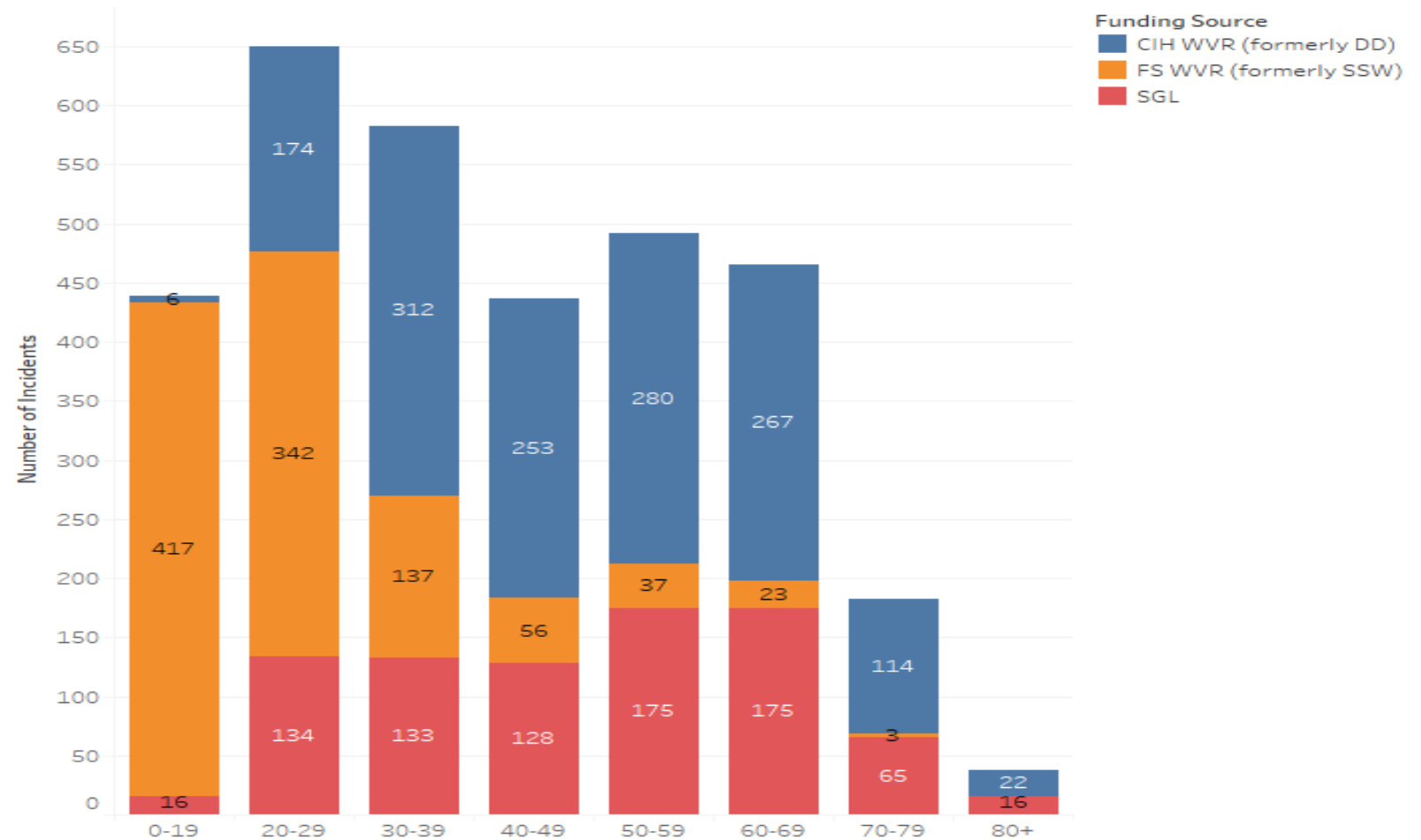
COVID-19 Data: Total Number of BDDS COVID Positive Cases

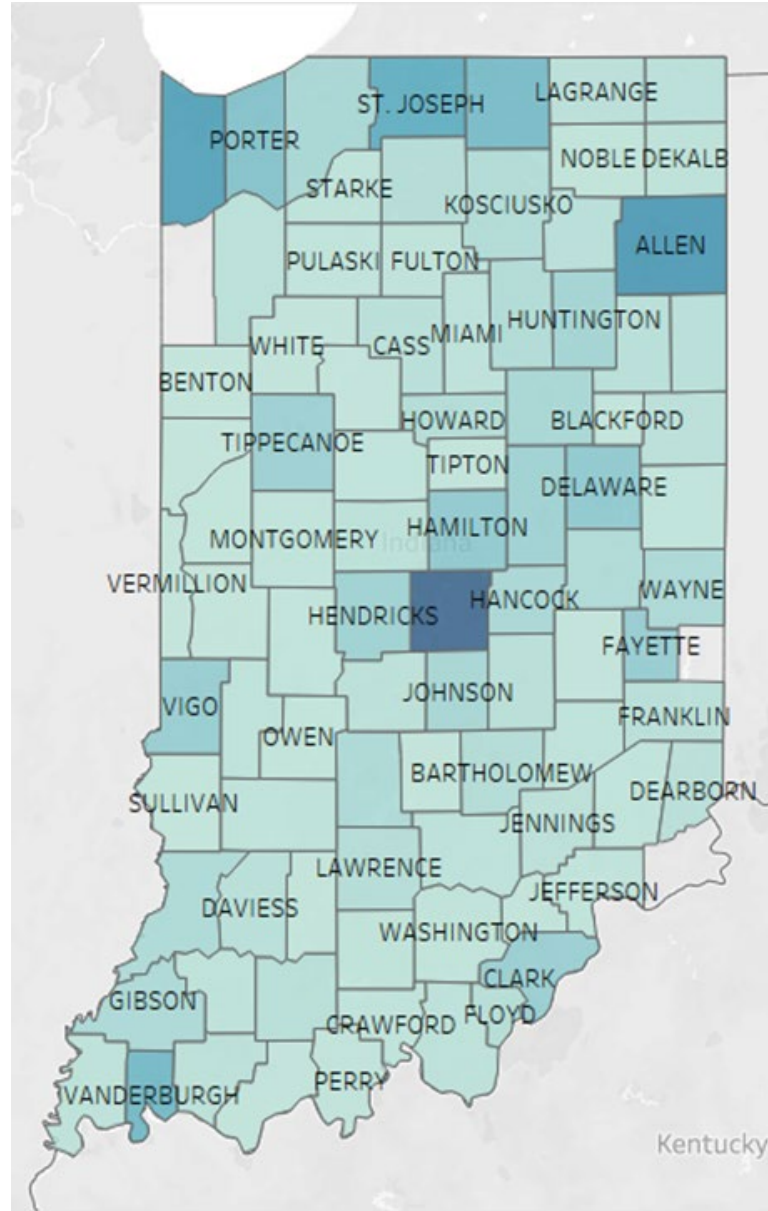


Total Cases: 3285
Total COVID-Related Deaths: 56



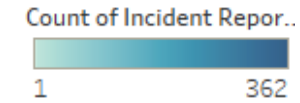
COVID-19 Data: Age Among Unique COVID Positive Cases





COVID Positive Cases by County

3285 Total Cases
Data as of 5/17/2021



Total COVID-related deaths- 56

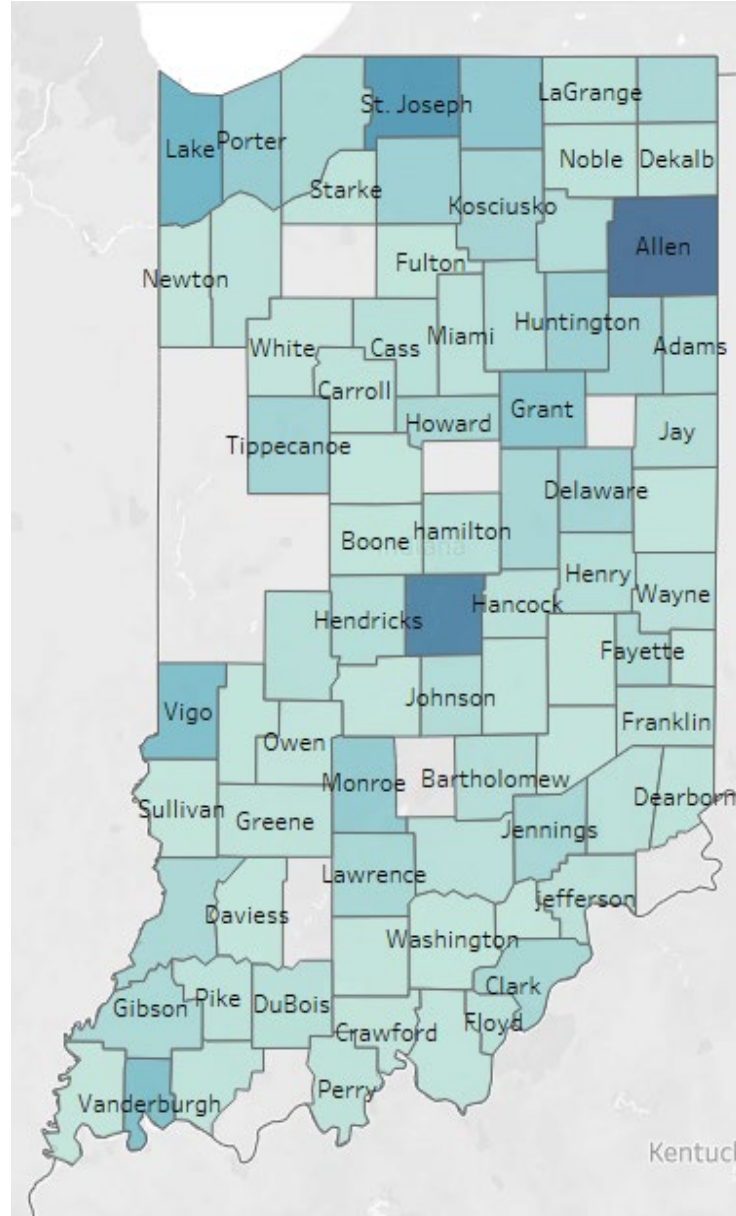


COVID-19 Data: Total Number of Staff COVID Positive Cases

Waiver
1385

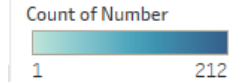
SGL
624

Total Cases: 2009
Total COVID-Related Deaths: 5



COVID-19 Data: Positive Staff Cases by County

1988 Total Cases
Data as of 5/17/2021



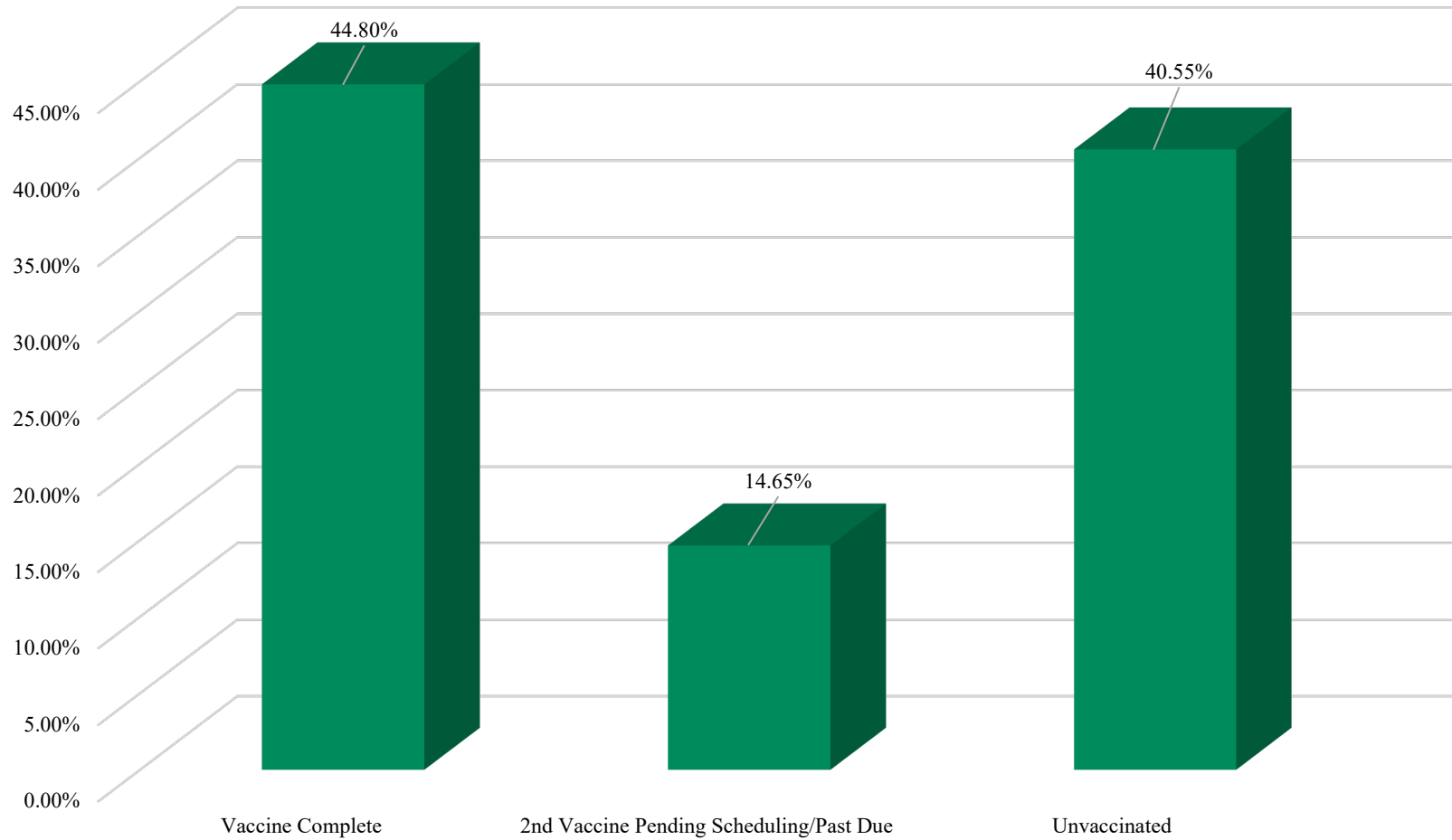
Total COVID-related deaths- 5



COVID-19 Vaccine

Data as of 4/29/2021

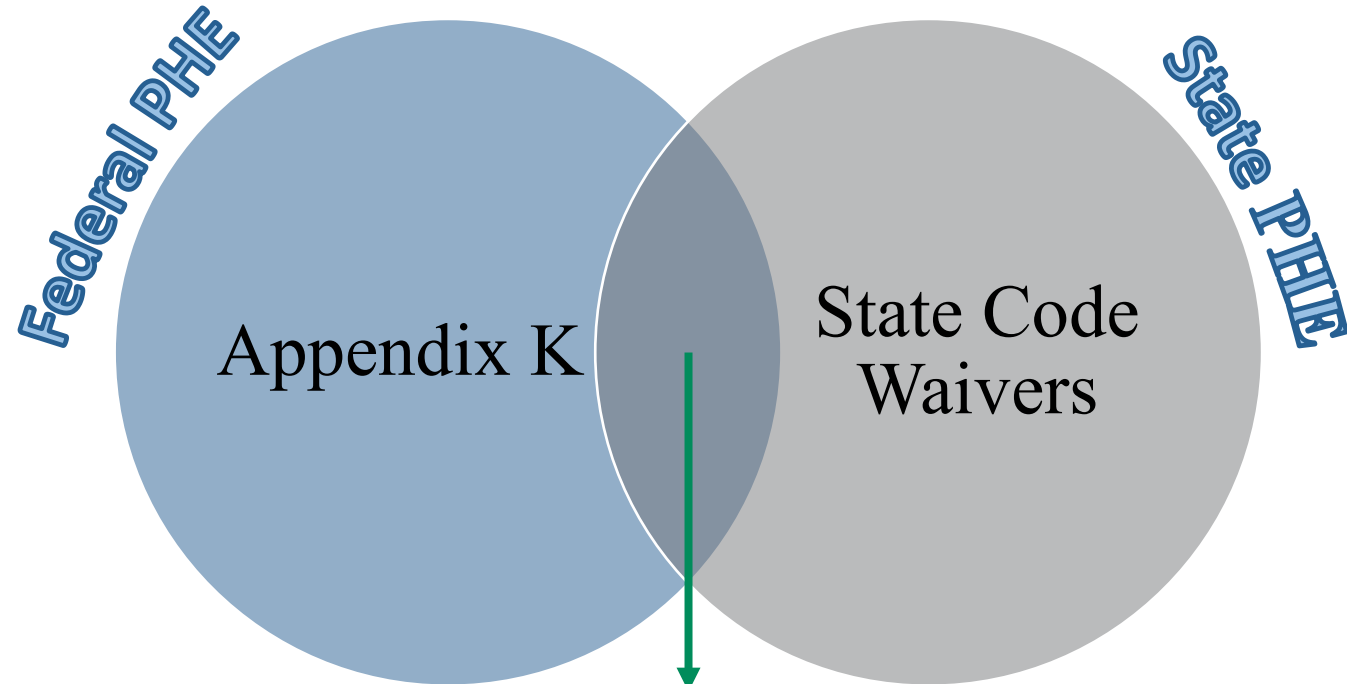
Vaccine Progress
26,840 Eligible Individuals
Data as of 4/29/2021



Eligible Individuals – 16 or older in BDDS services



Federal vs. State Public Health Emergency Declarations



If the State PHE ends before the federal PHE ends, Appendix K flexibilities that are in place with Indiana code waivers, will also end



Our Current Modified Approach

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

Improve team dynamics
through shared
outcomes and
communication

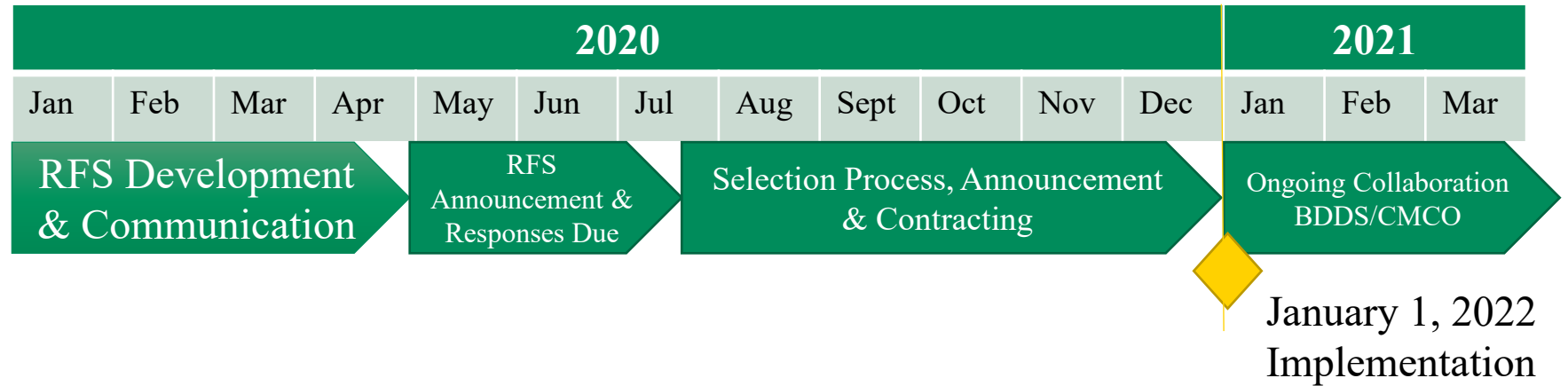
Enhance Case
Management and
System Navigation

Focus on key
supports to build
independence

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



Timeline



- Release of RFS – May 4th
- Waiver amendments submitted to CMS – August 1st
- RFS awards published – October 1st
- Contracts signed – December 30th
- Start date – January 1, 2022

*Planned mailed communications throughout this timeline from DDRS directly to individuals and families



DDRS Advisory Council Next Meeting

- Next Meeting:
 - Wednesday, June 16th
 - 10 am – Noon
 - Location: Zoom