

Indiana Concept Paper: Waiver Redesign

Instructions for Group Meetings

The Indiana Division of Disability and Rehabilitative Services (DDRS) is working to improve supports for people with intellectual and developmental disabilities. They are planning to make changes to home and community-based services offered through its Medicaid waivers – the Family Supports Waiver and Community Integration and Habilitation Waiver. This effort is called “Waiver Redesign”. To help get input from people in Indiana, DDRS created a Concept Paper that spells out some ideas for changes to the current waivers.

What is a Concept Paper?

A concept paper is used to share the changes DDRS is thinking about. It also spells out the issues the changes are meant to address. A concept paper is shared long before anyone sits down to write a new waiver. It is a way of making sure that everyone has an opportunity to give feedback on the major ideas.

What is most important to know right now?

Nothing in this Concept Paper should be seen as a final decision. Some of the changes included in the Concept Paper will take funding to implement. Before the plan is finalized, DDRS will work to identify resources to support the changes.



Instructions for Group Facilitator: Ask someone to take notes during the meeting. It can be you or someone you trust. At the end, the notetaker will read the notes back to the group. For the review of each section, use any materials that you find helpful to provide a summary of the information. Depending on the group, you may want to gauge how much, if anything, they may have already heard about waiver redesign.



Read to the group: During this meeting, we are going to talk about the main ideas in the Concept Paper for Waiver Redesign. We are going to talk about each main idea, ask some key questions, and then get your feedback. Please feel free to ask questions any time.

Laying the Foundation



Read to the group: In September 2018, Indiana Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services (DDRS) issued a request for outside expert help to redesign its Home and Community-Based Services (HCBS) waivers. DDRS contracted with the Human Services Research Institute (HSRI) and a team of project experts, referred to as the project team, to assist with the waiver redesign. These efforts kicked off in April 2019.

HCBS waivers are a primary way the state meets the long-term service and support needs of people with intellectual and developmental disabilities (IDD). DDRS' interest in redesigning its HCBS waivers stems from a strong desire to make transformative positive change for individuals with IDD and their families. It is because of this desire that they have sought and value feedback from various stakeholders including individuals with disabilities, families, service providers, community leaders, and the 1102 Task Force.

This waiver redesign effort is a part of a broader transformational change that has been underway at the DDRS. DDRS primary goal is to create a system of services that supports individuals and families in achieving their vision of a good life.

DDRS set out a series of goals for waiver redesign which include:

- Increase Person-Centered Planning
- Improve Coordination of Care
- Increase Community Engagement
- Enhance Member Experience
- Maintain Qualified Providers (and Improve Capacity)
- Comply with the HCBS rule
- Promote Efficiency



Ask the group:

- Do you have any thoughts or questions about the goals for waiver redesign?

Vision for Redesign: Waivers, Case Management, and Self-Direction



Read to the group: Indiana currently has two Medicaid HCBS waivers for serving individuals with IDD – the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH). The

project team has identified two different options, or paths, for organizing the waivers as part of redesign which are presented below. These two paths are only exploring the number and structure of waivers that could be available. The proposed services that will be discussed later can be available in either path.

Path 1 would work similarly to the current structure. As part of Path 1, the Family Supports Waiver would be replaced with Waiver 1. On this new waiver, individuals would still have a capped budget but with increased service options that would best meet their individual goals and needs. The amount of the capped budget has not been identified at this time. It could remain the same or change.

The Community Integration and Habilitation Waiver would be replaced with Waiver 2. Under this new waiver, the total amount of support they receive would still be determined using the current method (called the Objective Based Allocation, or OBA) and entrance would still be determined by priority criteria. The priority criteria would be analyzed and could be revised based upon feedback received. Individuals on this waiver would also have access to a refreshed, expanded array of services.

If this path is pursued the need for more flexible support options would primarily be addressed through the new and expanded array of services.

Path 2 would have the same two waivers as path 1 but it would include the addition of a third waiver. The third waiver would address the gap in supports

that currently exist between the FSW and the CIH. Under Path 2, the middle waiver (Waiver 2) would allow for additional supports with an increased annual budget and additional service options. While the annual budget amounts associated with each waiver would still need to be determined, it is expected that Waiver 1 and Waiver 2 would have their own capped annual budget, with waiver 2 being higher than waiver 1.



Ask the group:

- What waiver options do you feel would work best in Indiana?



Read to the group: Case management and service coordination are critical functions in any service system. Case managers are often the primary point of contact for people with disabilities and their families. Often people with disabilities and families want a case manager who is “a partner in the process”— someone they can rely on to help them navigate a complex service system. The current role of case manager has many different aspects and responsibilities. Those include:

- Identify needs and connecting them to services
- Guide the process of person-centered service planning
- Monitor health and safety
- Ensure services are delivered according to the service plan
- Coordinate across an array of paid and unpaid supports
- Addressing complex needs and relationships
- Responding to urgent needs and crises
- Advocating for the people they support



Ask the group:

- What kinds of support would you like to see in the delivery of case management?



Read to the group: As part of this redesign effort, DDRS plans, for the first time, to begin adding options for self-direction. Self-direction gives individuals and families more control over who and how their services are delivered. Self-direction allows a person receiving services to have complete control over their budget and is responsible for locating, hiring, and firing their support staff as well as being responsible for all aspects of being an employer. DDRS would like to work toward offering this type of option in the future and developing the infrastructure needed to build this type of program is not feasible on the timeline for waiver redesign. Therefore, the project team has identified two possible options that can be added now that would have elements of self-direction to give individuals and families more control and flexibility. These options are called Participant-Directed Goods and Services and Agency with Choice.

Participant-Directed Goods and Services would allow participants to get services and items that meets a need due to their disability but is not typically covered by Medicaid. Examples of goods would be items you can buy such as special equipment, passes to an event, or products. Examples of services could be gym memberships or house cleaning. The goods and services purchased through this service would assist individuals in maintaining or increasing their independence and be connected to a goal or an identified need recorded in their person-centered individualized support plan (PCISP).

Agency with Choice is a model where individuals have greater control over their services by becoming a co-employer with their provider. Individuals and families would have the ability to choose their staff, direct their staff's day-to-day activities, and train the staff on their own unique support needs. The provider agency would be responsible for the paperwork side of things, including completing background checks, offering standard training, and managing all aspects of paying the employee. This has the benefit of allowing the participant to direct the care they receive without the workload associated with being a solo employer.



Ask the group:

- Would the addition of a Participant-Directed Goods and Services service help individuals to have more choice and control in getting their needs met?

Vision for Redesign: Services



Read to the group: A number of the changes that individuals and families would like to see with the waivers are relate to the services available. When considering potential service changes the project team identified four ways to enhance service options.

For the current services that stakeholders felt were working well or that would only need minor changes the project team identified ways to make the service names and definitions more clear. This will make it easier for individuals and families to identify which services best meet their needs. For example, Extended Service offers ongoing job-coaching to individuals who need help at their place of work after supports from Vocational Rehabilitation have ended, or when they have found a job through other means. This service could be called Supported Employment to better describe what the service entails. Likewise, the current Prevocational Services does not explain the goal of the service. We suggest calling it Learning and Work Experience to give people a clearer sense that it is a service that helps people build toward competitive, integrated employment. Our aim is to build a service array that at first glance is clear for individuals and families to identify the services that offer the supports they are looking for.

The project team looked to see if there were similar services that could be grouped together as a way to simplify the service offerings. To do this, we considered people's experiences when selecting services. For example, when being asked to choose from "Residential Habilitation and Support" and "Residential Habilitation and Support Daily" how does an individual know which to pick? Combining these services into "Residential Habilitation and Support" would reduce confusion and simplify the services to choose from. It would also allow individual and family to work with their case manager to identify which billing and payment structure is best for them.

Based on stakeholder feedback the project team identified services that need more significant changes. For example, Family and Caregiver Training has been a service that is underutilized and often misunderstood. First, the project team suggests renaming this service to Family/Caregiver Supports. In addition to

enhancing the opportunities for training that this service provides the project team proposes adding a peer support and peer training element that would provide opportunities for families to connect to other families.

Another example would be to make significant changes to the Structured Family Caregiving service. Some of these changes would include: Changing the name of the service from Structured Family Caregiving to Shared Living to better reflect the spirit and goal of the service. Requiring a robust matching process for individuals and families prior to placement to make sure personalities and lifestyles are a good fit together. Limiting Shared Living settings to no more than two individuals, unless for the benefit of the individuals.

Finally, the project team explored services that could be added to meet the needs of individuals and families and provide supports that are holistic, comprehensive, and individualized. New services under consideration include:

Housing Support Services. The goal of this service is to assist individuals with IDD find good and affordable housing, and to keep that housing once they have it. To accomplish this, DDRS could partner with agencies and community organizations with specific housing expertise to expand the system of support and opportunities for people with IDD.

Healthy Living Services. This service could contain many different options which provide flexible opportunities to obtain support that promotes physical and emotional health and wellness. Within this service someone could receive nutrition education, bereavement counseling (counseling for when a loved one has died), education on safe and healthy relationships, or other services that promote overall health and wellbeing.

Expressive Therapy Services. This service would contain many different creative therapy service components like therapeutic riding, art therapy, music therapy, drama therapy, dance and aquatic therapy.

Peer Support and Community Connection. This service would help find opportunities for individuals to get out into the community and form relationships

with people who are not paid to support them. This service would help participants build new skills and support their full participation in community life. For example, as part of this service a peer connector could help an individual who loves researching their family history find a group for people who are interested in genealogy. They could help them figure out when the group meets, how to get there, and attend the group with them a few times to get acquainted.



Ask the group:

- Do you think these suggested changes could help meet some of the needs in your life that aren't currently being met?
- Which of these new services described as potential changes are most important to you? Do you have suggestions of other services that should be considered?
- Could any of these changes make it more difficult for you to find or use services?

Vision for Redesign: Quality Measures



Read to the group: All of the changes being considered as part of this waiver redesign are aimed at improving the quality of services and supports. DDRS is working to change the way it measures the quality of services and plans to add person-focused quality measures—both as part of the waiver redesign project and more broadly. Recently changes were made to the current performance measures as part of two waiver renewals. The new performance measures now include:

- The percentage of sampled individuals who report that their services and supports are helping them to live a good life.
- The percentage of sampled participants who responded that their case manager asks what they want as part of their service plan
- The percentage of waiver participants who do not feel afraid or scared in their home or day program

To help you think about quality measures you could suggest, we've provided some examples of measures of quality of services and supports:

- Number of individuals who feel connected to their communities
- Number of individuals who have valued social roles
- Number of individuals who chose where they live and work
- Number of individuals who have friendships with people other than paid caregivers
- Number of individuals who are actively involved in self-advocacy groups
- Number of individuals who have access to the same resources in the community as individuals without a disability

Getting consistent and trustworthy information on the quality of life of individuals is a long-term process. DDRS is committed to this process. Changes to the waivers are the very first step in that process.



Ask the group:

- What kinds of quality measures can DDRS use to make sure Hoosiers are living a good life?
- To better monitor safety, DDRS may need to seek information from individuals who use HCBS waivers more frequently. How often should this occur?
- Would you be comfortable sharing your thoughts directly with DDRS so that it could get the kinds of information it might need to answer some of its quality indicators and performance measures? If so, who would you like to ask you those questions (a case manager, your staff, a DDRS staff, someone else?)

Vision for Redesign: Other Improvement Efforts



Read to the group: Individuals with disabilities, their families, providers, case managers, and others have expressed a desire for changes that cannot be made through waiver redesign. DDRS is committed to transforming all of their systems and services to support individuals and families in living their best life. For more information on these other improvement efforts visit section 2.4 of the full concept paper.



Instructions for Group Facilitator: Now you have discussed all the major ideas for waiver redesign.



Ask the group:

- What waiver ideas presented are most important to you?
- In what ways would these ideas impact you directly?
- Is there anything else you want DDRS to know?



Instructions for Group Facilitator: Have the notetaker write down all the feedback from the group and read it back to them. Send the notes to:

Alena Vazquez at: avazquez@hsri.org

Thank you for your help!