



Goal 1: Prioritize community settings and individualized approaches.

- 1.1 The Division of Disability and Rehabilitative Services 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.
- 1.2 An appropriation, to be known as the 1102 IDD Task Force Community Living Expansion Initiative, to fund Medicaid HCBS waiver slots for non-emergency priority placement using criteria developed by the Division of Disability and Rehabilitative Services to allow some level of expansion of individuals seeking to live in the community, away from their family, while creating the opportunity for families to support individuals in making this transition to living away from their family.
- 1.3 Modifying current legislation dictating waiver placement priority to current Medicaid HCBS waivers.
- 1.4 The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign.
- 1.5 Increasing funding for Vocational Rehabilitation Services to ensure the program can address the fiscal deficit, increase Vocational Rehabilitation Services staffing resources, ensure appropriate reimbursement rates for providers to cover costs and recruit and retain staff, and allow expansion and innovation of Pre-Employment Transition Services.
- 1.6 It is important that Indiana create an economy and workforce where youth and adults with disabilities, including individuals with significant disabilities, have real opportunities to become competitively employed, use their talents and skills, work alongside other Hoosiers, and earn meaningful, competitive wages, consistent with a person's right to make an informed choice about employment options that meet their needs and preferences. The 1102 Task Force supports the efforts of the Indiana Rehabilitation Commission and DDRS to implement Employment First in Indiana and encourages their efforts to develop policies, practices, and service delivery models to facilitate increased competitive employment options as the first and preferred outcome of services for people with disabilities.
- 1.7 The development and promotion of public and private sector partnerships that support youth acquiring work experiences, skills, and access to resources and programs that lead to a successful transition from school to competitive employment or additional education. Strong transition partnerships should be considered as part of any new Medicaid HCBS waiver design and services offered.
- 1.8 Developing, expanding, and promoting housing options, especially permanent support housing, for all people with disabilities that allows for informed choice for them to attain affordable, accessible, and integrated housing in communities they choose to live in (rural or metropolitan). As options are being developed, the Task Force encourages the modernization of housing development projects to reflect current technology and the modernization of existing housing resources and programs at both the federal and state levels, addressing the need to continue to use shared service support.
- 1.9 The Division of Disability and Rehabilitative Services develop and adopt a Shared Living model, as a residential service option, which resembles the most successful Shared Living programs in the United States such as Colorado and Pennsylvania. The current Structured Family Care Giving model used by Indiana does not provide the proper reimbursement methodology to provide the robust supports needed and displayed in the most successful models around the country.

Therefore, the Task Force also recommends the Shared Living program use the same algorithm level structure as other Medicaid HCBS waivers versus the current tiered structure of Indiana's current Structured Family Care Giver program. It is also the recommendation of the Task Force that the Shared Living program ensure participants have access to the same services available to people who utilize current residential services such as day services, music therapy, and Wellness Coordination, in addition to the daily rate funding needed for the Shared Living program itself.

1.10 Given the historic trend of reduced use of settings with institutional funding, Indiana review those settings (i.e., ICF/IDDs, nursing facilities, and state operated facilities) with a focus to modernize the system and potentially reduce the number of institutional settings for individuals with IDD. The review will include a group of stakeholders including self-advocates, advocacy organizations, state regulatory agencies, provider organizations and representatives of the 1102 Task Force.

No later than December 31, 2020, the stakeholder group will develop a plan to:

1. Assess the needs of individuals in the system and the needs of individuals not currently in the system;
2. Determine the needs and desires of those individuals currently living in settings with institutional funding and how to transition them out of those settings if appropriate and their desire;
3. Assist providers who choose to voluntarily convert their ICF/IDDs into HCBS settings;
4. Determine the number of settings and type of settings with focus on eliminating unnecessary settings; Based on the above determination, identify the service needs of individuals served in settings with institutional funding and how the Indiana model can improve quality outcomes for those served; and,
5. Ensuring that all living settings are provided with informed choice at every level inclusive of person-centered thinking and principles including living situations, housemates, and types of services.

Goal #2: Advance and maximize community and state resources and programs to be inclusive to all Hoosiers.

2.1 The Division of Disability and Rehabilitative Services and the Indiana Housing and Community Development Authority coordinate and collaborate on improving Indiana 211 for disability-specific information and referrals to ensure information system are accessible, reliable, and responsive to the needs of individuals and families when seeking such information. These efforts should be made to improve access and consistency of information for individuals and families regarding disability services and resources across the state.

2.2 The representative of a provider of Vocational Rehabilitation Services for people with disabilities and, a representative of the Bureau of Rehabilitation Services to the Governor's Workforce Cabinet.

2.3 People with IDD, or their interests, are included in the state's initiatives related to the development and use of driverless vehicle technology in Indiana, to ensure it advances freedom and connectivity to community for people with disabilities.

2.4 Developing transportation strategies promoting independence and employment through collaborative efforts of key stakeholders and public-private partnerships across rural and urban areas. This may include addressing multijurisdictional issues; encouraging more funding for public transportation models; working with state and local transportation boards to ensure representation of individuals with disabilities; improving existing infrastructure to be fully accessible; facilitating the

use of private ride sharing systems; and encouraging the development of innovative options such as driverless vehicles.

2.5 Maximizing the incorporation of technology in the delivery of services to people with disabilities to increase individuals' access to community services, natural supports, and assist in addressing the direct support professional workforce shortage.

2.6 In collaboration with stakeholders, Indiana shall explore, expand, and promote workforce initiatives to help employers in hiring individuals with disabilities to create an inclusive workforce, which may include access to tax incentives, recruitment and retention strategies, training resources, etc.

Goal #3: Respond to individual and family needs.

3.1 Since investing in early childhood development is more effective and less costly than addressing problems at a later age and due to increased referrals for early intervention services, the First Steps program receive enhanced funding in order to sustain a high quality early intervention program for the children and families it serves.

3.2 The creation of a services and support system that supports and promotes self-advocacy, independence, and informed choice which leads to a good life.

3.3 The design and implementation of a self-directed care model in Medicaid HCBS waivers administered by the Division of Disability and Rehabilitative Services for individuals to convert their shift model to a version that allows them to hire people they choose via a fiscal intermediary.

3.4 That adults who participate in Medicaid HCBS waiver services be allowed, through informed choice, to receive direct services and supports from one or more family members to meet their assessed needs; and that no individual family member be allowed to provide more than 40 hours of support, within a seven-day period.

3.5 The establishment of a statewide IDD crisis response program utilizing all available federal funding (i.e., Medicaid HCBS waiver, etc.) and, as needed/required, state funding with the following crisis best practice components:

1. 24 hour telephone Response/Hotline;
2. In-Home Service;
3. Temporary Out-of-Home Placement resources for stabilization purposes;
4. Telemedicine capacity and coverage;
5. Reduction of risk/stabilization;
6. Prevention strategy to anticipate/eliminate re-occurrence;
7. Program staff /personnel and contractors should include:
 - Psychiatrist
 - Behavior Clinicians or BCBAs
 - Psychologist
 - Direct Support Professionals for temporary staff support
 - Registered Nurse consultation

3.6 Encouraging the support of our active duty and veteran military members in Indiana in obtaining services for their children with IDD; and, pending CMS approval, creating a priority status on the Medicaid HCBS waivers for children of active duty and veteran military families.

3.7 The Division of Disability and Rehabilitative Services encourage the use of emerging technology in Medicaid HCBS waiver service delivery.

3.8 Telehealth be approved as a viable and approved service delivery method for services, for example Behavior Management and Wellness Care.

3.9 The inclusion of peer specialists as a Medicaid HCBS waiver service, enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities.

3.10 Indiana to encourage efforts to increase the use of supported decision-making and other alternatives to guardianship.

Goal #4: Include a wide array of supports and services that are sustainable, equitable, and available across all communities.

4.1 The First Steps program invest in its workforce to keep pace with demand by increasing the number of service coordinators and providers, and paying service coordinators and providers at a rate that is competitive and supports effective recruitment and retention. This action will also assist in broadening the network of specific services needed in the early intervention system to appropriately serve families and children.

4.2 The 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.

4.3 The creation of an array of employment options that leads to a good life with independence and respect for people with intellectual and developmental disabilities and ensures informed choice. The array of options should provide opportunities for people with all abilities to work that provides for growth, respect, preferences, and interests. In developing this array of options, a stakeholders group, led by Self-Advocates of Indiana, must come together to discuss the use of 14c certificates (sub-minimum wage) in Indiana in 2019 and develop strategies to assist provider agencies to transition away from utilizing 14c certificates.

4.4 Developing a plan to enable the Bureau of Rehabilitation Services to serve all Order of Selection priority categories by 2021, or as soon as possible, which would rely upon increased fiscal and staff resources.

4.5 Increasing, as soon as possible, the current state-wide average wage of direct support professionals to a level competitive with other service sector and healthcare jobs using current Bureau of Labor Statistics salary data through funding an increase in base compensation coupled with potential additional compensation tied to completion of a state authorized/approved training that significantly enhances the direct support professional's skills.

4.6 The development of a state approved outcome and competency-based training curriculum for direct support professionals. The purpose of the state-wide training is to ensure consistency of quality training, reduce training replication for providers, and to further professionalize the direct support professional workforce; and, the development of a state-wide registry of professionals who have undergone this training and curriculum.

4.7 The implementation of a public registry listing direct care staff who the Division of Disability and Rehabilitative Services has determined have committed certain offenses that bar them from employment supporting people with developmental disabilities in the state of Indiana.

4.8 Appropriations for DDRS and other state agencies sufficient to develop, plan, and implement Task Force recommendations in keeping with timelines specified in this report or, in the absence of a specified timeline, at the earliest date possible.