PUBLIC COMMENTS

Received June 19 – June 26th
12 pm EST
Hello Ms. Blankenship,

I am sending these letters along that were written by family, friends, consumers, and parents. I appreciate the work that the Taskforce is doing and hope that they take into account this feedback. Although there are various topics addressed, the overall themes of the letters are concern about the possibility of ending sheltered workshop programming, the consideration of supported living sites co-located as ‘presumed institutional settings’ per upcoming HCBS guidelines, and the need for more qualified, better compensated direct support professionals.

Thank you for the work that you do,

Loren D. Pilcher, Director of Supported Living
Rauch, Inc.
845 Park Place
New Albany, IN 47150
Office- (812) 945-4063, ext. 4403
Cell- (502) 648-5453

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Jennifer C Krider, MT-BC

Jennifer Krider, MT-BC  
Music Therapist- Board Certified  
2845 Corydon New Middletown Rd  
Corydon, IN 47112  

Email: jcs65@hotmail.com  
Phone: 812-736-8777

To Whom it May Concern:

I am writing to address the 1102 Taskforce to express concern on an issue that directly affects my cousin, Bob Summers. Bob is an adult with intellectual disabilities, physical disabilities, autism, and cerebral palsy and lives in the Hawthorn Glen neighborhood. The possibility that the supported living housing at Hawthorn Glen would be “presumed institutional” under new HCBS guidelines is very concerning to my family.

Hawthorn Glen is a wonderful neighborhood with homes specifically built for individuals with physical disabilities. The supported living housing at Hawthorn Glen provides adults with disabilities, like my cousin Bob, the opportunity to live in a safe, supported, accessible, home where their individual needs can be met and they can live as independently as possible. Hawthorn Glen is a small part of a large neighborhood. It provides safe and accessible housing for individuals with disabilities while also allowing residents to be integrated in their neighborhood and included with their non-disabled peers. The fact that the homes are designed with individuals with physical disabilities makes them accessible not “institutional”.

As the 1102 Taskforce continues to discuss this matter, I ask that you consider that Hawthorn Glen provides safe, accessible, and integrated supported living housing for individuals with disabilities. Labeling these homes “institutional” is not an accurate assessment and would result in negative consequences for the individuals that live there.

Thank you for your time and consideration.

Sincerely,

Jennifer Krider
TO: 1102 Taskforce

DATE: 06-22-18

RE: My son Jay Robert Dunn

2521 Betty Dunham Way

Hawthorne Glen Estates

Charlestown, IN

TOPICS:

1. Placing heightened restrictions and scrutiny on supported living sites that are co-located.

2. The suggested plan to close sheltered workshops

Hawthorne Glen Estates is a subdivision neighborhood of over 200 homes priced between $200,000 and $400,000. The supported living homes worth $200,000 and make up approximately 10% of the other homes in this neighborhood. They are not a gated community or farmstead nor an institution as the 1102 Taskforce has labeled them.

Jay has been on the waiver for approximately 20 years and his current residence is the very best he has ever had. These homes are beautiful, clean and are all made accessible for people with disabilities. Not one place was handicap accessible that Jay lived in until he moved in to Hawthorne Glen Estates. Jay calls his home his castle. And loves his home. He is very busy with community activities both with staff and family.

Even though Jay has chosen not to work in the sheltered workshop, I would love to address the closing of the workshops. First, clients have a choice to work there or not and those that do gain a sense of purpose and accomplishment. To close these facilities would be devastating to the employees and their families. I would ask this 1102 Taskforce to reconsider both of the topics I have addressed in this letter. Thank you.

Gloria Suttle

8607 Seaforth Dr.

Louisville, KY 40218
June 23, 2018

Dear 1102 Taskforce members:

My niece, Ann Semones, has happily lived in her current handicap accessible home in Hawthorne Glen subdivision in Clark County, Indiana since 2014. She was a premature identical twin born in February 1994. Ann is now 24 years old but she and her twin sister, Grace (who passed away in 2007) were diagnosed with spastic quad cerebral palsy when they were about a year old. Ann has been in a wheelchair all of her life and she currently uses a power wheelchair to get around. Ann is incredibly social although she is limited in her ability to speak on her own behalf, work independently, and care for most of her own physical needs.

Although Ann and the other residents in the 16 homes in Hawthorne Glen have physical disabilities, they are included in the greater community and allowed to participate in activities in every way that they are capable. These residents like my niece, Ann, do not deserve to be "institutionalized" because they have a physical limitation. They simply need to continue to live in a loving home with staff that will provide the physical assistance that they require for their most basic needs. The staff does an outstanding job of getting them out so they can interact with other people and into the eye of the general public. These Hawthorne Glen residents benefit from the outings into the community and the public gets the opportunity to put a "real face" on people who have physical limitations and are in need of our assistance.

My letter today is a plea on Ann’s behalf and all of those with physical disabilities that live at Hawthorne Glen. I’m asking that you grandfather in as pre-existing these 16 homes and keep these homes and the care provided unchanged. As a community, state, and nation, we are called to care for those who cannot care for themselves while always allowing each person to live with respect and encouraging them to strive for all they can become. That is exactly what Ann is receiving in her home at 5312 Bettye Dunham Drive, the Hawthorne Glen neighborhood, and the local community. Please do not change the classification of Hawthorne Glen Subdivision. If you would like to discuss this further or have any questions regarding my thoughts, please contact me at the address or phone number below. Thank you for your time and consideration.

Sincerely,

Maria S. Shepard
1506 Stone Ridge Drive
Georgetown, Indiana 47122
Phone: (812) 923-3428
To: Indiana 1102 Taskforce

June 22, 2018

Greetings,

I am addressing the 1102 Taskforce to discuss an issue that directly affects my brother, Alan Klein: the proposal that the supported living setting my brother lives in would be "presumed institutional" under new HCBS guidelines.

Alan is 56 years old and lives in Hawthorn Glen. He has been diagnosed with moderate intellectual disabilities and seizure disorder. As he’s gotten older he is less mobile and now uses a wheelchair. His beautiful home was built with physical disabilities in mind and is very accessible. It is in no way "institutional". Hawthorn Glen is not a gated community. There are several accessible homes in Hawthorn Glen and they are not segregated from the rest of the 200 or so homes in the community.

Alan loves his home. He has his own room and bath, and his own furniture. He has assistance for activities of daily living and is able to eat foods he enjoys and wear clothes that he likes. Alan can visit with others in his community and they can visit with him. He gets out in the greater community beyond Hawthorn Glen at least three times per week. Being a wheelchair user myself I know how difficult it is to find affordable accessible housing in this area. Alan lives in a $200,000 home with all-inclusive rent under $400.

I strongly suggest the Taskforce visit Hawthorn Glen for a first-hand impression. I am confident you will be not only impressed but delighted that such a community exists in our area. I know I am delighted to know my brother has such a beautiful and loving home where he can thrive.

If I can provide further information I am available at the address below, by email at tklein@ius.edu, or by phone at 502-552-2154.

Sincerely,

Tom Klein

8203 Lacevne Road

Louisville, KY 40220
Karla Wright  
1508 Basswood Ct.  
Jeffersonville, IN 47130

TO: 1102 TASKFORCE  
DATE: 6/22/18  
TOPICS:

1. Placing heightened restrictions and scrutiny on supported living sites that are co-located.  
2. The suggested plan to close sheltered workshops.

RE: My Brother Jay Robert Dunn  
2521 Betty Dunham Way  
Hawthorne Glen Estates  
Charlestown, IN.

My brother lives in Hawthorne Glen Estates. It is a subdivision with over 200 homes. This has been the best place he has lived as an adult. The combination of supported living homes and typical homes makes this a unique living situation for everyone in the subdivision. Having special needs adults living together with typical families in this subdivision has produced an atmosphere of acceptance and compassion for all families in Hawthorne Glen Estates. I am sure there have been numerous opportunities to show empathy and understanding to the special need adults by the typical residents that would not have been available if not for this current living situation. This is a subdivision neighborhood of homes priced between $200,000 and $400,000. The supported living homes worth $200,000 and make up approximately 10% of the other homes in this neighborhood. They are not a gated community or farmstead nor an institution as the 1102 Taskforce has labeled them.

Jay has been on the waiver for approximately 20 years and his current residence is the very best he has ever had. These homes are beautiful, clean and are all made accessible for people with disabilities. There has not been a place that was handicap accessible for Jay live in until he moved to Hawthorne Glen Estates. What a wonderful opportunity this is for all residents at Hawthorne Glen Estates. Jay has a HOME and we all know how important it is to have a place that we can call home. The sense of security knowing you have your forever home is something that is immeasurable by all. The sense of ownership that Jay has about his home and the Hawthorne Glen community makes this the ideal place for Jay along with the other residents. Living in Hawthorne Glen Estates Jay is very busy with community activities both with staff and family.
Even though Jay has chosen not to work in the sheltered workshop, I would love to address the closing of the workshops. First, clients have a choice to work there or not and those that do gain a sense of purpose and accomplishment. To close these facilities would be devastating to the employees and their families. The work that the clients do is important work. They work with their peers and this is important for all people. Do not discount their work or them by closing their workshops. I would ask this 1102 Taskforce to reconsider both of the topics I have addressed in this letter. Please put yourself in the clients and families position before you make a decision. Thank you. I appreciate your time. Please do not hesitate to contact me for any additional information.

Sincerely,

Karla Wright
June 22, 2018

To the Members of the 1102 Task Force:

I am writing to address an issue that would directly affect my brother, Alan Klein: the possibility that the supported living setting he currently lives in would be “presumed institutional” under new HCBS guidelines.

Alan is 56 years old and has had developmental disabilities since birth. Over the years he has become less mobile and now uses a wheelchair. He currently lives in a home in Hawthorn Glen, a large subdivision in Charlestown, Indiana, made up of private, individually owned homes. It is a lovely modern home where Alan has his own private room and bathroom decorated with his personal belongings. This home was built to be completely accessible which is very hard to find in a standard home in a neighborhood. The fact that the home is accessible does not in any way make it institutional, simply necessary for daily living to someone with limited mobility. It is not a gated community or closed off in any way – just another home in the neighborhood. Alan goes out in the community on a regular basis such as to restaurants, music events, church, etc. Visitors are welcome to the home at any time.

Alan has lived in a group home and also an apartment complex in the past. Neither of these was an ideal situation. This home in Hawthorn Glen is so much more a home-like family atmosphere. His expenses and rent are much less here than I’m sure he would have if forced to move to a different living arrangement. Alan is the happiest and most content here that I have seen him. He very much needs the supported living setting, but this is not an institution...this is “home”.

I hope you will take into consideration the feelings and observations of family members who know the situation best and have chosen Hawthorn Glen for our loved ones.

Thank you.

Ginny Burton
3616 Greenfield Dr.
New Albany, IN 47150
To: 1102 Taskforce

TO WHOM IT MAY CONCERN:

I am addressing the 1102 Taskforce to discuss an issue that directly affects my friend, Alan Klein: The proposal that the support living setting my friend lives in would be “presumed institutional” under new HCBS guidelines.

My friend, Alan Klein, is 56 years old. Alan has been diagnosed with mental retardation and a seizure disorder. Because of mobility issues, Alan uses a wheelchair to get around. He lives at Hawthorn Glen Subdivision in Charlestown, Indiana.

I first met my friend, Alan Klein, in 2013 at Kraft Funeral Home in New Albany, Indiana, when his father died. I had gone to school with Alan’s older sister, Patty Ballard, and had come to pay my respects to the family. After the funeral of her dad Patty and I started talking on the phone regularly. Patty would talk about her brother, Alan, of whom she is his guardian. When I first met Alan there was something about him that made me want to know more about him. Patty sometimes talked about where Alan lived, and I wondered what the situation was like where he lived. After some telephone conversations, Patty and I decided to start seeing each other. Our first official date was a visit to see Alan at his home in Hawthorn Glen. I was very pleasantly surprised with the living arrangements that I observed, because I really didn’t know what to expect when I first went there. After I visited Alan at his home, I had a very peaceful feeling about his home situation. Alan has the freedom to make many choices of his own. With Patty’s approval, I can come see Alan and/or take him out anytime either Alan or I want to go somewhere in the community.

At Alan’s home he has his own bedroom and bathroom decorated to his taste. He has the freedom to spend as much time as he wants in the living room watching television in his recliner. Alan and others in Hawthorn Glen can easily get around the streets because of the curbs and sidewalks that are accessible.

Hawthorn Glen is a very well-manicured neighborhood. The street that Alan lives on is just like any other street in the subdivision. The houses are well integrated into the neighborhood.

I hope that the neighborhood and the situation when Alan lives will be preserved.

Thank you for giving me the opportunity to address this issue.

Chuck Ellenbrand
3635 Nadorff Road NE
Georgetown, IN 47124
To: Whom it May Concern

Re: Placing heightened restrictions on supported living sites

Date: June 22, 2018

I am writing this letter in support of our daughter, Christa, who lives in supported living at Hawthorn Glen. Christa is a 31-year-old young lady, born with cerebral palsy. She lived at home with us until she turned 27 years old. We had been on a waiting list for over 2 years to move her into Hawthorn Glen.

We (her dad and I), are extremely happy with her choice to live at Hawthorn Glen for many reasons. I want to elaborate on a couple of them.

First, this setting provides her the independence she so desperately wants. The staff takes her out into the community at least 3 days a week for various activities. She participates in Special Olympics, visits friends, attends church, goes to college at Ivy Tech, and does grocery shopping. As you see, she has multiple opportunities every week to interact with persons outside the disability community. Christa feels very safe in this community and enjoys the lifestyle that she shares with people with many different types of disabilities.

Secondly, the homes at Hawthorn Glen were built for accessibility. We have had to modify and remodel our home over the years to accommodate her power wheelchair. Finding a supported living solution for Christa, without incurring major renovation expense, is difficult. These homes, although designed with accessibility in mind, are still part of a bigger neighborhood where interaction and socializing with the larger adjacent community is ideal.

Christa has had many visitors at her home in Hawthorn Glen over the 4 years she has lived there. Family, friends, community leaders, church leaders, politicians, and many others have visited Christa in her home and have been shocked at what a nice, clean, and welcoming environment this setting is. Christa is so proud of her home and loves giving tours of her neighborhood. We are deeply concerned that this opportunity is in question. We would propose that this model should be duplicated, not dismantled.

Thank you for your time in considering our thoughts,

Rita and Larry Dismore  (parents of Christa Dismore)

250 S. Overlook Dr.

Lexington, IN  47138
Dear Taskforce members of 1102,

I am Robert Summers cousin. He is a resident of Hawthorn Glen in Charlestown, Indiana. He is a 56-year-old man with intellectual and physical disabilities. They include cerebral palsy and autism. When he was finally moved into this home, we had a House Warming Party for he and his roommates. We were surprised to see everything one would need in a normal household was provided by his family and friends. I understand the clients are responsible for rent and other expenses.

His family and himself love his specially designed home. It has been designed to fit all the physical needs of himself and the two other men who reside there. One whom has been his best friend since childhood. They love their home and are very proud of it. Robert in fact will gladly give you a tour while walking around saying "mine". When they are able, they are encouraged to help in household chores such as cooking, laundry, making their beds and light cleaning and grocery shopping.

They enjoy seeing their fellow neighbors, immediate and those through the neighborhood. Their open friendliness shows on their faces. Other neighbors will be seen walking their pets around the neighborhood and the clients love it. This community does more than provide a decent living space for them. It offers them emotional health also. Different clients partake in baseball teams, bowling and various other activities in other towns and communities. The caretakers always make sure they get to visit other people, such as Robert's brother whom has Down Syndrome and is in a care center. They make doctor appointments and make sure the clients get there safely and results are reported to all who need them.

Please seriously and rationally think things through. I believe the closing of these homes and the workshop, Rauch, Inc would be a major mistake. They have been a blessing to clients and families. If anything, consider building upon the situations which are already there.

You may consider reviewing "Bob's Story" on You Tube. It is a three-minute video regarding his experience at the workshop and his residence.

https://www.youtube.com/watch?v=BYb5lnfd1S8

Sincerely,

Darrin Sollberger
June 23, 2014

Dear 1102 Task Force Members,

I am the sister and legal guardian of Robert Summers, who lives at Hawthorn Glen in Charlestown, Indiana. Robert (Bob) is 56 years old and has intellectual disabilities, physical disabilities, cerebral palsy and autism.

My brother lived with our parents for 51 years under their care. When we heard of the homes being planned at Hawthorn Glen, we knew this is where we wanted him to live because of how the homes and neighborhood were structured. As our parents aged, their health declined, and our father died. Our Mother could no longer care for him as needed and I must work full time, so he could not live with me. Bob received the Medicaid waiver approximately five years ago and we decided it was time for him to move to Hawthorn Glen. This was a very hard decision for my family, especially our mother. If it had to be done, she was determined that Hawthorn Glen would be the only place he would go.

Bob loves his home and considers it “mine”. Of his two house mates, he has been friends with one of them for 35+ years. Now they are more than friends; they have become “brothers”. They laugh, tease and argue with each other; but most of all they love each other and mourn for each other when one of them is ill. Hawthorn Glen gives them the opportunity to have their own home with friends, but with the privacy of their own room; just like you and I would have. Bob has had his own room for the past 45 years, and he is able to continue to have his privacy and serenity with the way Hawthorn Glen’s homes are structured. He loves his street filled with friends, but also wheeling through the rest of the neighborhood as he waves hello and asks if their car is broken (he loves broken cars).

The relationships they build with their caregivers are amazing! It is easy to see the love they form for each other. Though many of the caregivers move on to other jobs, many still come visit them because of the relationships they have formed. Unfortunately, there is a 45% turnover rate in the DSP field. This turnover is not always because they do not like the job (that is done out of love), but because of their pay. It is maddening to know the wage they receive and the amount of responsibility they have caring for our loved ones. They are not paid a living wage, which makes many leave because they cannot support a family on their wage and can work at a fast food establishment for more pay and much less responsibility, though many want to do something with more meaning and skill.

It brings our family great angst to hear the state thinks our family member’s HOME is not “Inclusive”. Bob is given many opportunities to be in the public and is a very social person. But he needs this home that has been built to accommodate HIS physical needs, just like you and I would have. It gives him the relaxed, comfortable atmosphere he needs to rest and recuperate. INCLUSIVE, cannot have a cut and dry definition; it means different things to different people. I hope that one day you do not need to move into a health care center to accommodate your needs, because it is never perfect.

I encourage each of you to visit their neighborhood and Bob will gladly give you a tour of “mine” (his home). As you walk around their street, be sure to notice how the residents interact with EVERYONE walking down the street as they relax on their front porch.

Regards,

Catherine Summers
Sister/Legal Guardian
Dear Taskforce members of 1102,

I am Robert Summers cousin. He is a resident of Hawthorn Glen in Charlestown, Indiana. He is a 50-year-old man with intellectual and physical disabilities. They include cerebral palsy and autism. When he was finally moved into this home, we had a House Warming Party for he and his roommates. We were surprised to see everything one would need in a normal household was provided by his family and friends. I understand the clients are responsible for rent and other expenses.

His family and himself love his specially designed home. It has been designed to fit all the physical needs of himself and the two other men who reside there. One whom has been his best friend since childhood. They love their home and are very proud of it. Robert in fact will gladly give you a tour while walking around saying "mine". When they are able, they are encouraged to help in household chores such as cooking, laundry, making their beds and light cleaning and grocery shopping.

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Please seriously and rationally think things through. I believe the closing of these homes and the workshop, Rauch, Inc would be a major mistake. They have been a blessing to clients and families. If anything, consider building upon the situations which are already there.

You may consider reviewing "Bob's Story" on You Tube. It is a three-minute video regarding his experience at the workshop and his residence.

https://www.youtube.com/watch?v=BYb5inf8d1S8

Sincerely,

Darrin Sollberger
Dear Taskforce members of 1102,

I am Robert Summers aunt. He is a resident of Hawthorn Glen in Charlestown, Indiana. He is a 56-year-old man with intellectual and physical disabilities. They include cerebral palsy and autism. When he was finally moved into this home, we had a House Warming Party for he and his roommates. We were surprised to see everything one would need in a normal household was provided by his family and friends. I understand the clients are responsible for rent and other expenses.

His family and himself love his specially designed home. It has been designed to fit all the physical needs of himself and the two other men who reside there. One whom has been his best friend since childhood. They love their home and are very proud of it. Robert in fact will gladly give you a tour while walking around saying "mine". When they are able, they are encouraged to help in household chores such as cooking, laundry, making their beds and light cleaning and grocery shopping.

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You may consider reviewing "Bob's Story" on YouTube. It is a three-minute video regarding his experience at the workshop and his residence.

https://www.youtube.com/watch?v=BYb5infd1S8

Sincerely,

Mary Ann Sollberger

Mary Ann Sollberger
Dear Taskforce members of 1102,

I am a friend of Robert Summers and his family. He is a resident of Hawthorn Glen in Charlestown, Indiana. He is a 56-year-old man with intellectual and physical disabilities. They include cerebral palsy and autism. When he was finally moved into this home, the families had a House Warming Party for him and his roommates. We were surprised to see everything one would need in a normal household was provided by his family and friends. I understand the clients are responsible for rent and other expenses.

His family and himself love his specially designed home. It has been designed to fit all the physical needs of himself and the two other men who reside there. One whom has been his best friend since childhood. They love their home and are very proud of it. Robert in fact will gladly give you a tour while walking around saying “mine”. When they are able, they are encouraged to help in household chores such as cooking, laundry, making their beds and light cleaning and grocery shopping.

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You may consider reviewing “Bob’s Story” on You Tube. It is a three-minute video regarding his experience at the workshop and his residence.

https://www.youtube.com/watch?v=BYb5infd1S8

Sincerely,

Marcie Merten

Marcie Merten
To the 1102 Taskforce Committee,

I am writing this letter on behalf of my aunt Lesley Bland. She is a 49-year-old woman with severe disabilities that require her to have 24 hours of assistive care. She cannot speak, nor is she mobile without assistance walking or through the use of a wheelchair and she also requires help dressing and feeding herself. Lesley has been receiving services since she was 3 years old. However, it should be noted that it has only been in the last 6 years that Lesley has been moved to a residential setting. She spent her first 43 years being given the type of care only a mother and father could give to a child. It was with great trepidation and angst that our family transitioned Lesley to this new setting.

Initially our family did not choose Rauch as the residential provider. Although there are similarities between where she was and where she is there are clear differences that make Lesley’s new community home setting with Rauch much more preferable. To start with the design of Lesley’s current home is very user friendly for a person with disabilities. Lower counter tops, the floor plan that allows for each bedroom to have a personalized bathroom, the accessibility in the bathrooms, the wider hallways, the homes have little to no steps, etc. While it was great to have Lesley living in a neighborhood her first home was not well suited to accommodate people with disabilities, her basic physical needs and thoughts to her privacy.

Lesley’s home has been built in a nice newer neighborhood where the homes and sidewalks are clean and well maintained. More importantly Lesley’s home is nestled amongst built in neighbors she knows and is comfortable with. The neighborhood appears to have a variety of families, types and sizes. There are many people who walk, jog, play and utilize the neighborhoods’ spaces, including Lesley and her housemates, it looks and feels like an immersive and integrated community. Lesley has the benefit of being near people she knows while also getting to interact and meet new neighbors in the larger neighborhood.

As stated earlier my family had misgivings about transitioning Lesley to a residential setting. It has been a learning experience for all of us. One thing that I can say is that Lesley appears happy in her home, with her housemates, in Hawthorn Glenn. Although, Lesley is not verbal she does communicate with us through her demeanor. If you meet Lesley you will know how she feels immediately, she cannot hide her emotions. Our family has seen Lesley’s ability to grow in her independence and express her likes and dislikes in ways that we never thought possible. This was made possible in part by living at Hawthorn Glenn. To close Lesley’s home would distress her as well as our family in finding a new home and neighborhood.

Sincerely,

Chris Arrington

Chris Arrington
Phone Number (502)424-8507
Arney and Thelma Peters
3311 Norma Dr.
Jeffersonville, IN 47130

To 1102 Taskforce Committee:

Our son is Charles (Randy) Peters and we would like to address the concerns the Taskforce has about Sheltered Workshops and the Hawthorn Glen neighborhood. He has been in the waiver program for over 30 years.

Our son Randy first started in a sheltered workshop environment at the young age of 16, he will turn 60 in October. After quite a few years in a sheltered workshop environment it did lead to some jobs out into the community. He was able to work at McDonald’s, The YMCA, and at a supermarket. He now works in the sheltered workshop environment. He had kidney failure and after three years of dialysis he received a kidney transplant in February nine years ago. Once he healed from his transplant he was happy to be able to go back to work three days a week. With his current health restrictions and without the sheltered workshops what options would there be for our son? Randy has always been happy and looks forward to receiving his paycheck. There will always be a need for sheltered workshops for individuals with intellectual and Physical Disabilities.

Our son Randy now lives in Hawthorn Glen which is a safe, quiet, beautiful neighborhood. Over the years this type of environment was not always available within the housing system. They are beautiful homes that were built for all needs current or in the future that as our son gets older may need. It is a wonderful to see our son smile when someone speaks or says hello to him when we are picking him up or taking him home twice a week. Our son is not isolated in his neighborhood, he participates in Special Olympics, Challenger Ball, goes to the movies, and the zoo to name a few. Our son does not live in a farmstead, gated, or an institutional setting. As aging parents and as our loved one age, if this type of safe friendly environment is not available, where do our loved ones go?

Thank you for giving us an opportunity to express our concern that may affect our son if the taskforce proceeds with the possibility of closing sheltered workshops or labeling the Hawthorn Glen as an institutional setting.

Sincerely,

Arney and Thelma Peters

Parents of Charles (Randy) Peters
Sandra Engleman

2302 Wellington Green Dr

Clarksville IN 47129

1102 Taskforce Committee:

My brother is Charles (Randy) Peters who will be 60 yrs. old in October. I would like to address the concerns the taskforce has about Sheltered Workshops and the Hawthorn Glen neighborhood.

Randy has been a member of a sheltered workshop environment for most of his life. He has worked outside of the workshops when there was a company that would hire him, and his health was better. It would be a wonderful conception if everyone had the ability to work in a non-sheltered environment. However, the reality is that it is and never will be for everyone with disabilities. My brother is proud that he gets to go to work like everyone else in his family and earn a paycheck. Is it not important to make our loved ones feel like everyone else as much as possible? If the sheltered workshops are shut down what happens then?

Randy as he became older wanted to live on his own like his two sisters do. He lived in a group home setting of about 8 guys for many years before going to supported living with one or two other housemates. He has never lived in a neighborhood that he had friends at. Most of the homes were older and not accessible for people with disabilities. The neighborhood in Hawthorn Glen are beautiful homes built for their needs. As my brother continues to age he will need a home like he currently lives in. I personally think that more communities across the state of Indiana should look at what was built and have more of them. They are not isolated and have many activities in the community. There is another clubhouse and swimming pool about a street away that the Hawthorn Glen neighborhood families to go to. Does this make the families and children who live in the other sections of Hawthorn Glen isolated and deemed like an institution? I do feel the taskforce should concentrate on increasing the wage limits for staffing. Our loved ones deserve to have a nurturing individual to help care and have fun with them.

Thank you for giving me the opportunity to express my feelings about both items that the taskforce is considering shutting down. I would love the opportunity to sit down with you in the future.

Sincerely,

Sandra Engleman

Sister of Charles (Randy) Peters
June 22, 2018

Re: 1102 Taskforce proposals

To whom it may concern:

This letter is in reference to 1102 Taskforce proposals to discontinue sheltered workshops & heighten restrictions/scrutiny on supported living sites that are co-located. Both of these changes will have a direct and negative affect on my uncle Charles (Randy) Peters. Randy, who will be 60 this year, has mental disability and some associated health issues. He has been a workshop member my whole life and truly enjoys going to work like the rest of us. It gives him a sense of purpose, community & wages that he has always been proud of. In addition to working at the workshop Randy lives in Hawthorn Glen neighborhood. This neighborhood is the first time that Randy has been a part of community with amenities (clubhouse & pool) that give him the opportunity to make friends outside of his housemates. Also, the newer homes have full handicap accessibility throughout, a design that has not always been at his previous homes. The workshop and Hawthorn Glen neighborhood give Randy an opportunity to be "normal" which is one of the things my family has always wanted and strived for him.

Sincerely,

Michelle Engleman
Niece of Charles (Randy) Peters
June 22, 2018

I am addressing the 1102 Taskforce to discuss two issues that directly affect my brother, Charles R (Randy) Peters. The proposal to discontinue all sheltered workshops and the possibility that the supported living that my brother, Randy Peters lives in would be "presumed institutional" under new HCBS guidelines.

Regarding the suggested plan to close sheltered workshops: My brother, Randy is 59 years old. He has benefitted from the workshop all his life. He looks forward to working and receiving a paycheck. These workshops are needed.

Randy lives in the Hawthorne Glen neighborhood. He is very happy living there. Randy loves being able to sit out on the front porch. Getting out of the community to go bowling and the occasional movie is important to him. I have never seen him happier.

Thank you in advance

Deborah A Jones
1368 Emery Ave
Springfield OH 45504
June 20, 2018

To whom it may concern,

My Uncle is Charles (Randy) Peters. He has intellectual disabilities and resides at Hawthorn Glenn Neighborhood. My uncle has never been this happy in all the residences he has lived in. This residence has been the best for him and he’s able to walk out and interact with others. It would break my heart to see my uncle unhappy he was to have to move. Also, many of the workshops have been very helpful to him. Please take into consideration of my uncle and others and how beneficial this is to them.

Thank you,

Kimberly Smith

(Niece to Charles [Randy] Peters)
Nancy Blackstone
Charlestown IN 47111

1102 Taskforce Committee:

I would like to address the concerns the taskforce has about Sheltered Workshops and the Hawthorn Glen neighborhood.

Charles (Randy) Peters is a model citizen who I have had the pleasure to be friends with for over 30 years. During this period, he has worked in and outside of a sheltered workshop environment. He was always proud of telling me about his work day and the paycheck he earned. If sheltered workshops are closed I feel that it would be harmful to Randy and others like him. I understand the wages are below minimum wage but unfortunately not everyone can work to the level that is needed to earn higher wages. If the sheltered workshops are closed what is to become of the individuals who look forward to going to work like everyone else in their family?

Randy has lived in supported living ever since I have known him. He has lived in a couple of decent homes but none of them were built for all the needs that individuals with disabilities require. Hawthorn Glen is the first neighborhood that meets all the needs his family has always wished for him. He has friends that live near by and neighborhood events. It is a safe quite neighborhood that Randy feels comfortable to sit out on the porch and when someone goes by will wave or say hello to him. It is not isolated or a gated community. Randy participates in numerous activities throughout the year.

Thank you for giving me this opportunity to express how unfair it would be to close sheltered workshops or classify Hawthorn Glen like an institution/gated community. Please go visit and spend time with these wonderful individuals. They are truly amazing people who deserve to be heard.

Sincerely,

Nancy Blackstone

Friend of Charles (Randy) Peters
Venetia Lacy
403 Howell Ave.
Jeffersonville, Indiana 47130
812-283-1724 home/ 812-670-0667 cell

1102 Taskforce Committee:

I am a friend of Mary Kay Wilson and a relative to Randy Peters, two residences of Hawthorn Glen Charlestown, Indiana and employees at a New Hope Services in Jeffersonville Indiana. I would like to address two issues the 1102 Taskforce are considering- the proposal to discontinue all sheltered workshops and the possibility that the supported living setting my cousin and best friend lives in would be presumed institutional under the new proposed Home and Community Based Services guidelines.

Let me share with you what I know about both these individuals and why I am not in favor of discontinuing or altering these programs. Let’s start with Mary Kay first. Mary Kay and I have been best friends since childhood. She has some developmental disabilities and physical limitations due to her age and health. When she was younger she did not need a lot of assistance from outside entities as her parents were able to ensure Mary Kay became a productive and contributing member of society. However with this being said, the natural course of action is as she aged, so did her parents. When she came to Hawthorn Glen, her mother had already passed and her father was in his nineties. If Hawthorn Glen were not a viable option for her, her brother would have placed her in a nursing home because he could not afford to quit his job in order to meet her needs. Mary Kay has had two hip replacement surgeries since she moved to this community. Her home is fully handicapped accessible and she has two roommates who absolutely adore her. She returned to work within a month post-op- never missing a day of work at New Hope Service just because she didn’t feel like going in. She’s personifies what a successful HCBS program can do to enrich the lives of those in our community who lack a level playing field.

My cousin, Randy, entered the program at Hawthorn Glen just a few years ago. He is also developmentally challenged and a kidney transplant recipient. His needs require more individualized care due to his health condition however he is just as capable of living a full productive life as Mary Kay and all the other residences of Hawthorn Glen. He is actively involved in the Special Olympics program and also works at New Hope Services in Jeffersonville. Growing up with Randy and seeing him at family functions over the years- Randy’s goals were always to live independently. He watched his sisters grow up and leave home pursuing careers and lives of their own and he expected he would follow the same pathway.

Both Randy and Mary Kay are in their sixties; both have aging parents who can no longer care for themselves let alone a child with special needs. Neither of them have any family member who is financially able to quit their jobs in order to meet their needs. I cannot even begin to imagine how detrimental it would be for Mary Kay or Randy if they could not continue to live their lives as active and contributing members of society. In a world where so many people take for granted the opportunities readily available to them, I can honestly say, none of the residences of Hawthorn Glen or special employees of New Hope Services do! These programs fill a huge gap in our community; they allow some very special people, who I know and love, the opportunity to show the world just exactly what they are capable of doing if given the opportunity. And they are- in my opinion, the perfect role models more members of society should try to emulate. In a time when more able bodied people are relying on governmental aid to survive, these special people want to live as independently as possible and give back to the community that they love and adore.

Sincerely,

Venetia Lacy
Erica McBride  
7001 Twin Springs Dr.  
Sellersburg, IN 47172

Re: 1102 Taskforce

I am a friend of Randy Peters and his family. He is an employee at New Hope Services in Jeffersonville Indiana, and a resident at Hawthorn Glen in Charlestown Indiana. I would like to address the 2 issues that the 1102 Taskforce are considering. The possibility that where they are living would be considered institutional under the new guidelines and the possibility to discontinue all sheltered workshops.

I think that Hawthorn Glen is a beautiful neighborhood and I love that people with special needs are able to blend into this subdivision. There are over 200 homes in this neighborhood, and I really do not understand why this task force feels the need to go in and change it. This is their home and that should not change.

The next issue I would like to address is the idea of closing the sheltered workshops. I really think that this is a horrible idea. People with special needs want to feel as normal as they can. Not everyone can just go out and work a normal job in the community. These workshops have created a safe environment for them to go and earn some money and feel that they have a real sense of purpose. They feel like they are just like their loved ones who get up and go to work everyday and earn a paycheck. I can't understand why you would take this away from them.

As a parent, I always want to make sure that my children are taken care of and are able to have a good life. The parents and family members of people with special needs want the same things, and living in a beautiful neighborhood that is safe and having a workshops for them to go to, give them that security.

If you take these things away from them then you are creating a lot of stress on these people and their families. You are taking away something that they love and causing family members to worry more about the day to day life of their loved one. That is a stress that they should not have to endure.

I really hope that this Taskforce would reconsider these changes and realize the impact that it would have on the lives of people with special needs and their families.

Sincerely,

[Signature]

Erica McBride
DATE: June 20, 2018

TO: 1102 Taskforce

FROM: Beverly and Bernard L. Begin
3517 Teal Ct., Jeffersonville, IN 47130

SUBJECT: Proposed Changes for Sheltered Workshop and Community Based Housing Services

Our son, Jeffrey, is 49. He currently participates in a sheltered workshop operated by Rauch, Inc. He has been in this type of work setting for the past 30 years. He has been a participant in the waiver program since his early 20’s. Continued employment in this type of setting is crucial to his emotional and social well-being. Jeff has an excellent work ethic. He looks forward to work and receiving a paycheck is a major source of his self-esteem and happiness. We as parent/guardians are well aware of how the piece-rate paid is determined. We do not believe he is being exploited by being paid this way. There have been several attempts to place him in a regular work setting of various types, but none were successful despite many different types of support services being provided. The sheltered workshop provides him with daily opportunities to interact socially and improve his socialization skills. Staff members provide guidance and serve as role models and opportunities to interact with non-handicapped individuals. Without this type of facility, he would spend aimless, lonely hours at home which would exacerbate his negative behavior and depression.

Jeff currently resides at Hawthorn Glen, in Charlestown, IN. This is in a handicapped accessible home he shares with two other handicapped men. His home is one of several which are part of a large subdivision of over 200 single-family homes. Nowhere else could he live in an area of homes valued at $200,000 + and pay a rent less than $400 per month. He likes to visit friends who live in in similar homes and participates in many of their social activities. He also likes to ride his bike throughout the subdivision. He is given opportunities to interact with the broader community in a variety of ways: eating out, attending sporting events, shopping, etc.

Should either of these resources no longer be available, the impact would be profoundly negative, not only for Jeff but for his family. We are a retired couple in our 70’s. While we are still very active in his life (attending meetings, providing transportation for Special Olympics, attending and monitoring medical appointments, clothes shopping, etc.), we cannot provide all of his needs regarding activities, transportation, attention and social and community opportunities and behavioral intervention and supports. As the usual infirmities of being older are setting in, we find we must start to decrease our level of involvement/support to Jeff’s quality of life. He has one brother with an active family of his own and would be hard pressed to assist us for the foreseeable future. There are no other family members living within 400 miles of us.

At one point, Jeff and his roommates lived in a single-family home for about 10 years. This was located in a residential area. There was no interaction with neighbors. This was our experience when he lived with us as well, with the exception of 1 person who was younger, and a family that lived next door. To assume that putting these individuals within a “regular” residential setting will automatically provide interaction with neighbors is akin to looking through rose-colored glasses. It may happen for some, but not all.

Thank you for taking the time to read and consider those of us in a similar situation – both the handicapped individual and parent/guardian. Consideration for and services need to still be provided for them in their best interests as well as our community. We know that where the sheltered workshops have been eliminated, the client remained isolated at home and the family was responsible for meeting their social and other needs. This would be a worst-case scenario for us and others in a similar situation.
Steve Binggeli Sr.
1511 Oakmont Drive
Jeffersonville, IN 47130
502-641-0470, 812-288-2432

6/22/2018

To Whom It May Concern,

I am addressing the 1102 Taskforce to discuss two issues of concern that directly impact the Special Needs’ adults including my son.

My son (Steven Binggeli Jr.) is 37 and has utilized the services of the sheltered workshop for several years when he wasn’t able to work in the general community. The workshops provide much needed services for many of our children. Realistically, there are a significant number of this population group unable to hold jobs in the community due to their mental and physical states. While it’s a great thing to work in a regular job setting, many are simply unable to stay focused and produce the volume of work required.

The sheltered workshops allow the workers to be productive, maintain friendships and receive a paycheck. I realize and understand the pay scale is much under the minimum wage standards, however to our children in these settings, they still have pride in what they do and LOVE the fact they ‘earned’ their check. This is so important to their self-worth. I would hate for this to be taken from them..... as many have limited social skills & self-esteem and this would be one more strike against them.

I want to also address the housing concerns at the Hawthorn Glen Subdivision. The clients’ living in this housing make up only 10% of the entire number of homes in the Subdivision. This community provides very nice affordable living arrangements in a SAFE setting for our loved ones. Today our son is still living at home with his mother and I, but as we age we are looking at viable options for his future. Without such places as Hawthorn Glen, our children may not feel safe and comfortable. They need to be able to interact and be with their friends, along with participating in sport activities in such organizations like Special Olympics. This allows for the staff to take the guys/gals to such practices and competitions. This residential setting allows for better transportation services and supervision.

We can talk about integration and treating our special needs’ loved ones like the community totally accepts them. This is simply not always the case and they could be left isolated from being with their friends. It is critical to keep such housing as Hawthorne Glen available to maintain appropriate living arrangements.

I am also very involved with Special Olympics Indiana Clark-Floyd Counties and I can attest the clients love being with their friends and living in safe settings with their needs being addressed.

Please consider my remarks and keep the Group Homes opened and allow such residential settings as Hawthorn Glen.

Sincerely,

Steve Binggeli Sr.
Bobbie Binggeli
1511 Oakmont Drive
Jeffersonville, IN 47130
502-553-2092, 812-288-2432

6/22/2018

To Whom It May Concern,

I am addressing the 1102 Taskforce to discuss two issues of concern that directly impact the Special Needs’ adults including my son.

My son (Steven Binggeli, Jr.) is 37 and has intellectual disabilities including a speech/communication disorder. Over the years (since graduating from high school) he has utilized the services of the sheltered workshop. When obtaining a job in the general community, he was able to utilize the services of having a job coach assist in his community job. The workshops provide much needed services for many of our children. A significant number of this population group are unable to hold jobs in the community due to their medical, mental and physical status.

The sheltered workshops allow these folks to maintain gainful employment, which they could not do with a community based job. While, some can hold a job in the community (such as our son), a large number simply must rely on the sheltered workshops such as Rauch Industries & New Hope Services. Due to their mental and developmental disabilities, the community-based jobs are not always able to work out for them. All the clients at the workshops want to receive a paycheck and be able to be productive; and without such facilities many would have to stay home or be in day activities.... and this doesn’t provide the same satisfaction as earning ‘their check’.

I want to also address the housing concerns at the Hawthorne Glen Subdivision. The clients’ living in this housing make up only 10% of the entire number of homes in the Subdivision. This community provides very nice affordable living arrangements in a SAFE setting for our loved ones. These residents even have their own clubhouse and swimming pool. This pool allows for accessibility of clients in wheel chairs and other specific needs. The general pools in our area doesn’t have such accommodations. The clients in this area are safe to ride their bikes, visit their neighbors (who are also in this supportive living environment) and truly experience a friendly environment. This isn’t the case if they are in a general subdivision living in one or two homes within a few blocks.

We can talk about integration and treating our special needs’ loved ones like the community totally accepts them. This is simply not always the case and they could be left isolated from being with their friends. I know in our neighborhood some people don’t accept others with limited ability and it is so important to keep such housing as Hawthorne Glen available to maintain appropriate living arrangements.

I am on the management team for Special Olympics Indiana Clark-Floyd Counties, and I see many of the clients and the friendships they have made and are able to keep, while maintain their safe living environment while all their needs are being met.

Please consider my remarks and keep the Group Homes opened and allow such residential settings as Hawthorn Glen.

Sincerely,

Bobbie Binggeli (parent/co-legal guardian of Steven L Binggeli Jr.)
Kathy Abell
3907 Chesley Martin Dr.
Jeffersontown, KY 40299
502-905-3795

6/22/2018

To Whom It May Concern,

I am addressing the 1102 Taskforce to discuss two issues of concern that directly impact the Special Needs’ adults including my brother.

I am writing this letter as my brother (Steven Bingell, Jr.) is 37 and has intellectual disabilities including a speech/communication disorder. I have concerns that the workshops may close over the next few years. When my brother completed high school, our family knew that the sheltered workshop was an option for him. This took a lot of stress from our family, as we knew he would be in a supervised environment and would be able to earn a pay check. Steven knew that our parents and I had jobs, and this was very important that he too would be able to go to work each day. Fortunately, Steven worked a few years at the work shop, and with the assistance of a job coach was able to obtain a job in the community. For many of the clients, this simply isn’t the case. Their intellectual and physical delays are too significant to be able to maintain community-based employment. Without the workshops, where would they go all day? How would they feel self-worth and earn their paycheck (which is very important to their self-esteem)? I realize the pay scale at the workshops are much under minimum wages, however based upon the level of production this is all comparable.

I wish to also address the housing concerns at the Hawthorn Glen Subdivision. The clients’ living in this housing make up only 10% of the entire number of homes in the Subdivision. This community provides very nice affordable living arrangements in a SAFE setting for our loved ones. Many of other residential options are in sub-standard, low income housing and this isn’t something we want for our family members. Hawthorn Glen provides housing which is valued around $200,000 per home and is fully handicap accessible. While these homes may be within a few courts/streets, this allows the residents to have their friends as their neighbors. The clubhouse and pool area are all wheelchair accessible including lifts to allow access to the water. There is a general clubhouse & pool in the subdivision too, however (like most neighborhood pools), doesn’t have the handicap accessibility available. Today my brother lives at home with our parents, however my concern is what is available for him in the future. As our parents get older he will need another housing option. I live in another state, and it will be important for Steven to be able to maintain his employment and stay involved with Special Olympics Clark-Floyd counties, and without safe residential settings, I worry how he will be cared for. Please consider the concerns I have addressed, as this is not unique to our family. We need to know our brothers, sisters, son, and daughters are taken care of. Hawthorn Glen is a wonderful setting and I wish there more such options like this available to us.

Sincerely,

Kathy Abell
June 19, 2018

I am addressing the 1102 Taskforce to discuss the issue that would directly affect my daughter, Rebecca Warren, to discontinue all sheltered workshops.

My daughter has worked in a workshop for several years. She has also worked in the community at different jobs and none of them worked out. She was told she was doing a great job then someone else bought the company and she was let go almost immediately. Another job she had, she would leave work and her name would not be on the schedule before she left. Then the next day they would call and ask why she wasn’t at work which meant they added her name after she had gone home. She lost that job too because of that. All of this in my opinion was discrimination.

At the workshop where she is employed none of this has ever happened. She is 54 years old and loves working there. If they discontinue sheltered workshops where would these individuals go for work? Not many places of employment wants to hire mentally challenged individuals. That is a known fact, sorry to say.

Sherry Dumstorf
925 E. 7th St. #201
Jeffersonville, Indiana 47130

Parent of Rebecca Warren
To the 1102 Taskforce:

I am the mother and guardian of my 39 year old daughter who receives services provided for those with Special Needs. I am writing in regard to the proposal to place restrictions on supporting living sites and close sheltered workshops. Presuming these are institutional under the new HCBS Guidelines is highly disturbing.

While my daughter is not a current resident in Hawthorn Glen neighborhood, she has been on a Waiver for 19 years, and could be a future resident. Considering closing this small percentage of homes in a large development will set a dangerous precedence for future living areas for those in need of homes to live. These homes are not institutional but accessible, much like homes that would be outfitted for disabled veterans and the elderly.

Please reconsider this proposal and do not take away the necessary workshops for those that count on having a place to go during the day if they can't work because of their disability. They engage with others at the centers and enjoy time out in the community doing fun activities. Closing homes such as Hawthorn Glen will limit the availability of comfortable living arrangements for a very affordable price, as well as set a precedence for more limitations.

If this were your family member who had these services provided or place to live, or one who was a caregiver that counted on this as gainful employment, I hope you would feel the same devastation as all of us involved.

Sincerely,

Alice Gatz
My son, Raymond (Joe) Fabel, lives at Hawthorn Glen in and is Charlestown, IN. He is 55 years old & has cerebral palsy and is confined to a wheelchair. He needs one on one assistance with all of his needs and cannot even stand on his own. He has been on the Medicaid waiver for 30 years. Joe lived at home for 52 years until his mom and dad were unable to care for his needs (lifting). He then was fortunate enough to move into a home especially built for him. Each individual has a private bedroom with bath facilities for their personal needs. They live in a beautiful community and the group of homes that he and the other clients live in to make up 10% of the homes in the subdivision. Neighbors walk their dogs and ride their bikes with their children through Joe’s neighborhood. They are very friendly and seem to enjoy interacting with our special need folks. Our Joe loves children and we have a nice lady who adopts rescue dogs brings them to visit Joe.

Please do not mistake this type of living as being “institutional”. It is NOT! It is accessible for all the needs of folks with physical disabilities. We are not a farmstead, a gated community, or an institution! The caregivers are good people who work with pay under scale and deserve more for the responsibility that comes with the job.

To take these homes away from the deserving adults, going into senior years, would be devastating blow. Many have lost parents and would have difficulty being re-located.

My son would lose some of his independence if he lost his home, that is not only accessible for him, but also affordable! Please do not take away from these folks.

Judith A. Fabel  
Parent and guardian

Raymond Fabel
Re: Taskforce 1102

Topic: Closing of Supportive Living in Indiana

To Whom it may Concern,

I am writing to address the proposed closing of the supported living sites in Indiana. My uncle Raymond Joe Fabel lives at the residents in Hawthorn Glen in Charlestown, Indiana. He has cerebral palsy and depends on total care for all tasks. He cannot walk or talk and uses a wheelchair for getting around. He loves his home and has 24/7 caregivers who keep the household clean doing laundry and cooking as well as looking after the residents in the home. This is NOT in any way to be considered an institution, but a home built especially for folks with physical disabilities.

The lives of these disabled folks would be totally changed and their futures would be questionable if they were made to leave the homes. These residents feel comfortable and have made many friends at Hawthorn Glen.

My uncle is 55 years old and some of the residents are becoming senior citizens. They live in a home that is affordable, where they receive personalized care. This is not a gated community and the neighbors in adjoining neighborhood bike, run and bring children and dogs by the bring smiles and laughs to the residents.

Please do not take this away from our state. It is something to be proud of and the community is thriving.

Jannina Fabel (Niece)

Robert Fabel (Brother)

Jon Fabel (Nephew)

Jimmy Fabel (Nephew)
Re: Taskforce 1102

Topic: Closing of Supportive Living in Indiana

I am writing the 1102 Taskforce to address the issues that directly affect my brother, Raymond (Joe) Faber, who lives in supported living at Hawthorne Glen, Charlestown, Indiana. He lives in a home especially built for special-needs individuals by providing them with their own private bedrooms with their very own belongings and private bath facilities. These would NEVER be considered to be an institution and the residents are quite happy in their surroundings. My brother is in a power wheelchair and is more independent now, at 55 years of age, than he has ever been. He does require help with all tasks and transfers, but is very sociable and enjoys being out and about in his neighborhood.

Discontinued supportive living could be a low blow to these residents as 60% are getting into their senior years and would have difficulty getting the quality of life that they are getting now at very affordable rates.

My brother plays softball, goes to Louisville Bats games, enjoys activities at the clubhouse where his favorite of karaoke. Please to not take this away from the residents.

Robert Todd Faber (Brother)

159 Hills Drive Clarksville, Indiana 47129

[Handwritten signatures]
Re: Taskforce 1102

Topic: Closing of Hawthorne Glen (Charlestown, Indiana)

To whom it may Concern,

This form in to be presented to address the proposed closing of supported living sites in the state of Indiana, particularly the above names community.

The folks who live in this community live in homes especially built for adults with special needs. They are on floor, with each person having their own private room and bath. Residents have their own personal belongings in their private rooms. There are also many activities including movies, bingo, potluck dinners, karaoke, and parties/dances. There are also outings to the zoo, Louisville Bats games, restaurants, and more. The homes are not only handicap accessible, they are affordable!

These homes should never be considered to be a farmland, gated community, or an institution!! Each home has 24/7 caregivers who take individual care of each person, in addition to laundry, housekeeping, chores, and cooking for the household. They are good people who work for pay under scale and deserve more for the responsibility that come with the job.

Please do not take these homes away from these deserving adults, some who are going into their senior years. It would be devastating blow as many have lost parents and would have difficulty being relocated.

Make INDIANA proud to have homes sure as those at Hawthorne Glen! And instead of proposing closing, build MORE!

[Signatures]

Thomas Vee

Jeff Bland

Ann Semones (resident)

Darrin Hatfield (resident)

Dee Ann Kaiser (resident)

Friends

Mary Jones

Lindell Loth

John [signature]

Mary Kay Wilson (resident)

Jerry [signature] (resident)

Friends
Dear Members of Taskforce 1102:

As a sibling of a client who resides at Hawthorne Glen, I would like to speak for myself and family regarding changes which are being discussed. My brother Robert E. Summers resides at Hawthorne. He is 56 years old with intellectual disabilities (ID) and physical disabilities, cerebral palsy and autism. His best friend since childhood resides as a roommate as well as another man. There are always staff care providers at the home, which the clients become very close to and also the staff to the clients. This house is a home. It was specially designed with all the disability access bathrooms, showers, hallways, doors, etc. They meet all the Disability Act requirements. They have modern appliances and furnishings. The clients pay rent each month. Those who are to able; participate in lifestyle skills. Such as grocery shopping, simple household chores and cooking. The way the neighborhood is designed enables the clients to enjoy the outdoors with walks and riding bikes without having to worry about traffic. The rest of the neighborhood enjoy walking their pets around the neighborhood and giving enjoyment to the clients. There are 2 clubhouses in the neighborhood. One for the disabled and the other for anyone else in the neighborhood. My parents and teams of other parents have literally fought for 60 years to give and improve the living and environment of the disabled as much of a normal life as possible. I am sure you are all aware of how life used to be for our citizens. It has involved years of meetings, discussions, money and tears for people to realize an environment such as Hawthorne Glen was possible. It would be extremely foolish to close this neighborhood. It is not an institution, it is a neighborhood. One which any of you would be proud to live in.

As for the sheltered workshop, Rauch, INC. The same scenario, parents and families have fought for what is there. I am sure there could be some changes or improvements. I am aware of clients who do not have access to resources such as Rauch. Their families worry about their family member because of their lack of contact with the outside world. Rauch provides important opportunities for their clients to connect with the community. This contact contributes much to their psychological and emotional needs. Also, the daily contact from staff and co clients adds so much to their life experience and mental health. Take this away and their development skills will recess. And then we have more problems.

Also, without these facilities, we as families would be unable to work outside the home. We are not able to rely on respite services due to lack of personnel and resources. We would need to rely on state funds for the support of our families. Many, many of us do not want this.

We as family and staff ask you to seriously think this over in regards to possibly closing these facilities. It is quite honestly, the most foolish thing I have heard in years. I am hoping we have been given incorrect information.

Sincerely,

Paula Hoefer (Summers)
4039 E Harmony
Mesa Az 85206

phone: 480-695-7846
Dear 1102 Taskforce Members: 

June 21, 2018

I am writing about the issues that directly affect my daughter Ann Semones. The proposal to discontinue sheltered workshops and reclassify Ann’s home in Hawthorne Glenn subdivision as a "presumed institutional" home is NOT right. The fact that the homes were designed for people with physical disabilities does NOT them institutional, but simply accessible and very livable homes.

Ann has lived in Hawthorne Glenn subdivision since 2014. Ann uses a power wheelchair. This home was designed special for people in wheelchairs. The house provides a lovely residential setting in a subdivision with all the accessible requirements that Ann needs.

Hawthorne Glenn subdivision was designed as a Planned Unit Development (PUD) for all types of people to live together. The subdivision has small homes, large homes, assisted living homes and in the future will have condos, apartments and a small commercial area. The Hawthorne Glenn neighborhood is currently incomplete, however, the diversity of neighbors, friends, family and accessibility make this subdivision wonderful.

Please no not change the classification of Hawthorne Glenn subdivision. The development is A pre-existing condition, and do not discontinue "Sheltered Workshops".

Thank You,

Anthony Semones
33 Wildwood Road
Jeffersonville, Indiana 47130
To: 1102 Taskforce

TO WHOM IT MAY CONCERN:

I am addressing the 1102 Taskforce to discuss the issue that directly affects my brother: The possibility that the supported living setting my brother lives in would be “presumed institutional” under new HCBS guidelines.

My brother, Alan Klein, lives in Hawthorn Glen Subdivision in Charlestown, Indiana. Alan is 56 years old and has been diagnosed with mental retardation. His mobility skills are limited, and he now uses a wheelchair to get around. My parents and I were appointed legal guardians for Alan and upon the deaths of my parents, I assumed that responsibility.

Prior to coming to live in his home in Hawthorn Glen, Alan first moved out of my parents’ home in 1985 into a group home. After that Alan lived in an apartment with another person with disabilities. When Alan was offered the opportunity to live at one of the homes at Hawthorn Glen, I was delighted. I had heard of the concept before the homes were built and I visited the area before he moved there. At the group home and at the previous apartment where Alan lived, he did not have the opportunities he has available to him at Hawthorn Glen. He now has a very nice home, with his own bedroom, bath, with his own furniture, both in his bedroom and in the living room. He has a nice porch and a yard where he can sit outside and see what’s going on in his neighborhood. He can watch people who live in other areas of the subdivision walk down his street. He can visit with friends if he wishes. He can walk around the subdivision just like I can in my neighborhood. He chooses what he wears and what he eats. He goes out in the community a minimum of 2 days a week for 4-5 hours at a time. On his community outings he chooses where he goes and what he does.

At Alan’s home he has the assistance that he needs but he also has so many options and opportunities that he has not had before. He has the opportunity to live in a home that has been designed for him. It is not easy to find affordable, accessible living in this area. I really do not know of anywhere else that Alan could live in such a nice area, in a $200,000 accessible home with all-inclusive monthly rent for less than $400.00.

Alan is happy to be a part of a community where he is accepted and welcomed, and I am very grateful that he can live in such a nice subdivision and have the freedom and opportunities that exist at Hawthorn Glen.

Thank you for the chance to address this issue.

Patty Ballard
1711 Northaven Drive
Jeffersonville, IN 47130
To Whom It May Concern:

I am writing to you regarding the suggested plan to close or place heightened restrictions and scrutiny on supported living sites that are co-located for the benefit of the disabled community. Since family members are being served by such fine facilities with serious, lifelong disabilities, I have a personal interest in your decision.

For instance, my severely disabled brother-in-law, Robert (Bob) Summers, lives in one of the Rauch sites and considers it home. He is almost 60 years old, suffers from intellectual disabilities (ID), physical disabilities, cerebral palsy and autism. For the great majority of his life, until his father’s death, he lived at their home, and considered it a safe place. Because of Rauch’s DAY CARE, it made it possible for him to accept this radical change in the last years of his life. He is part of the neighborhood of Hawthorn Glen. He is loved and accepted, and near his sister who is able to visit him frequently. We have seen the alternatives, which charge MORE, and offer LESS, and are very thankful for this arrangement.

Please look closely at the FACTS and make a decision that will be best for the city, the state, and the disabled community!

Sincerely

[Signature]

Dr. James L. Hoefer
4039 E Harmony Ave
Mesa, AZ 85206
Livingchrist@cox.net
June 20, 2018

To the 1102 Taskforce members and other Indiana Government officials,

My name is Julie Semones, I am the parent and legal guardian of my 24 year old disabled daughter Ann Semones. Ann was born February 1, 1994 premature at 25 weeks, identical twin A, we lost her twin sister Grace in 2007. Both girls were diagnosed with spastic quad cerebral palsy and utilized a wheelchair. I had to quit my job to care for my complex daughters and typical needs son. Both girls had been on the DD waiver waiting list for 10 YEARS, with eventual approval. Ann currently utilizes a power wheelchair for independent mobility and moved into her current handicap accessible Hawthorn Glen home in 2014.

I am writing to address the 1102 Taskforce issue that directly affects my daughter Ann Semones: regarding the proposal to place heightened restrictions and scrutiny on supported living sites, specifically where Ann lives on Bettye Dunham Drive, Charlestown Indiana in the Hawthorn Glen neighborhood, which is a small part of a large neighborhood that is integrated, and growing. There are over 200 homes in the subdivision and Bettye Dunham Drive homes make up around 10%.

It is outlandish to lump Hawthorn Glen residents in with farmsteads, gated communities (there are no gates) and institutional settings, as the taskforce is currently doing and the Hawthorn Glen supported living setting Ann lives in would be “presumed institutional” under new HCBS guidelines.

These homes were specifically built for clients with physical disabilities, it is difficult if not impossible to find affordable accessible homes in the community at large. The fact that the homes were designed for individuals with physical disabilities does NOT make them “institutional”, but rather simply accessible. This setting is likely the only opportunity that Ann will ever have to live in a specifically designed newer all-inclusive power wheelchair accommodating home with her own private bedroom, a large handicap accessible bathroom with roll in shower and rent less than $400.

Supported living staff, specifically direct service provider (DSP) pay rates need to be increased, with a typical turnover rate of 42% it is difficult for any agency to maintain trained staff, which is so important for quality care of my daughter. The current full time DSP pay rate including health benefits is below poverty rate. The integrity of a state is judged by how well they care for others who cannot advocate for themselves.

The Hawthorn Glen neighborhood when developed in 2011-2012 and APPROVED by Clark County Planning and Zoning and the Clark County Commissioners is designated as a planned unit development (PUD), which is currently incomplete, and should be grandfathered in as PRE-EXISTING.

Thank you,

Julie Semones RN BSN
33 Wildwood Rd.
Jeffersonville, IN 47130
(812) 288-7716
ajsemfam@sbcglobal.net
I am addressing the 1102 Taskforce to discuss the issue that directly affects my daughter. Which is the possibility that the supported living setting my daughter lives in would be “presumed institutional” under the new HCBS guidelines.

My daughter is Lindsay D. Stewart. She resides in the Hawthorne Glen subdivision and shares her home with 2 friends that she has known since she was in daycare beginning around age 2 and attended school with one of the individuals throughout her school years from preschool through graduation at Jeffersonville High School.

She has been on the waiver for most of her teen years and adult life. She has lived in her home for 6 years and thoroughly enjoys living out of our home. She is out and about in the community often and many times we will drop by only to find she has gone out to eat with others or she is playing Challenger league baseball or quite often, at a dance.

Regarding placing her home in Hawthorne Glen subdivision in a “presumed institutional” setting is simply ridiculous. This is a $200,000.00 plus home that was designed accessible with her own bedroom and bathroom. She pays rent of only $379.00 per month and I know of no other housing that meets the above description with rent that low.

She has the freedom to decorate her bedroom and be involved in the decoration of the living room and kitchen along with her 2 friends that live with her. She has the freedom to have friends visit and she does have company often. No one needs to call in advance unless they are simply concerned that she may not be home when they plan to drop by.

Her home in Hawthorne Glen is part of the entire subdivision of Hawthorne Glen as a whole. There are plans to continue the road to her home out to highway 403 with more housing and apartments available for sale to the public as a whole. This will serve to eliminate the impression that her home is located at the “back end of the subdivision.” While her home is located on the same street as other homes that her friends with disabilities reside in, I would no more consider this institutional than if she lived in our home and had a disabled person living next door. There is simply nothing “institutional” about her home and I invite you to visit her and see for yourself.

My daughter should not lose the ability to live where she chooses to live, simply because of a mistaken impression about her beautiful home. There is nothing that distinguishes her home from any other home in Hawthorne Glen.

It should be noted that if she is required to move out of her home, she may have no choice but to return home to live with us. If that should happen, then one of us will have to quit working to care for her, losing not only income when it would be badly needed, but also no longer paying taxes as a 2-income working household pays. She will not be able to be out in the community as often as she is now as we simply would not be able to afford to take her many places. She would truly be isolated if she were to move back in with us. Not to mention that it would simply break her heart if she is no longer able to live with her friends.

Please reconsider this classification and please come out and see for yourself before rushing to label her home.

Sincerely,

Patricia and James Stewart, parents and legal guardians of Lindsay D. Stewart

Our address is 8125 Rabbit Hash Rd SE, Elizabeth IN 47117 and I can be reached at 812-945-1579 or 502-645-1800
I am Lesley Bland's mother and she lives at Hawthorn Glen subdivision in Charlestown. She resides in an assisted living home. It is not anything like an Institution. It is a regular house just like all the other homes there. She has 2 roommates with their own bedrooms & bath and shares the kitchen & living room. She is non-verbal and has C.P. and moderate retardation. She has only been in assisted living since 2012. She was 43 and I was 73 and my husband was 76 and we knew we had to make the decision to let Lesley move to assisted living. She is happy and well adjusted and I hope the 1112 task force will understand that this is not like an institution and is like their individual homes. She gets to go out in the community a lot and the other people in her neighborhood ride bikes and walk through their part all the time. I just want my daughter to be happy and she is now and I hope it will stay this way. I appreciate that the 1112 task force wants inclusion for them and not exclusion and this is what she has now. Thank you.

Rosemary Bland
205 Silver Creek Dr.
Clarksville, IN 47129
June 23, 2018

1102 Taskforce Committee,

My name is Theresa Skaggs; my sister Lesley Bland lives in the Hawthorne Glen neighbor, at 5312 Bettye Dunham Dr. Charlestown, IN. Lesley shares this house with 2 other roommates. She enjoys her home and the many opportunities living here have given her. Prior to living at Hawthorne Glen, she lived in Suburban Acres at 1106 Bluegrass Trail, Jeffersonville, IN. She also had 2 roommates at this residence, but due to the home not being built with handicap accessibility features, this caused my sister many limitations. She also was confined to the home most of the time, and never had any community functions in Suburban Acres. At Hawthorne Glen she has block parties, goes for walks, visits neighbors, is able to swim, and for the first time have a true sense of community.

My sister Lesley will be 50 years old September the 8th, I have seen her shunned, teased, bullied and denied many things in her life. It certainly has been a long road, we as her family, have fault to finally have her in a safe and happy environment. This is her home and a place she truly feels a part of. Hawthorne Glen is not a gated community, or a farmstead, and certainly not an institutional setting. There are over 200 homes in Hawthorne Glen, and the street Lesley lives on only makes up 10% of this community. The neighbors walk dogs; ride bikes etc. all over Hawthorne Glen and the street Lesley lives on certainly is not cut off from the neighborhood.

I do appreciate the time and commitment the 1102 Taskforce is taking to ensure people with developmental disabilities are treated fair, and laws are put into place, to secure they are a vital part of their community. Without committed members as you, Lesley, and many others would not have the opportunities she has received in her life. Please do not take her home and her place she thrives away. She is as far from an institutional setting as I have seen, and she truly belongs to the community at Hawthorne Glen.

Sincerely,

Theresa Skaggs
4006 Patricia Drive
Jeffersonville, IN 47130

Cell: 502-558-883

Email: tgbskaggs@gmail.com
**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Attached is a letter to the 1102 Task Force on behalf of Cinda Milan. Please submit. Thank you Chris.

Christopher J. Nabors, MBA
Chief Executive Officer
Peak Community Services
1416 Woodlawn Avenue
Logansport, IN. 46947
cnabors@peakcommunity.com
574.753.4104

PEAK Community Services

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My name is Cinda K.Milan. I live at 303 Hampshire Dr., Logansport, Indiana. I am a retired educator. I spent 38 years in education. One year in a general education classroom, eleven years teaching in a special education classroom, and 25 years in administration overseeing special education programs for Logansport Area Joint Special Services Cooperative. After retirement I was called back to stand in as an assistant principal at Franklin Elementary School in Logansport. I continue teaching religious education at All Saints Catholic Church for general education students grades three through twelfth and have a class for those with significant cognitive delays. It was my idea to start the program for disabilities. I saw that these children were being left out in learning about their faith. My next goal is to start a program for adults with significant delays.

I want to advocate for continued funding for facilities that care for and support those with significant cognitive delays. Residential care settings are an important option for people with disabilities who require long-term services and supports. They provide a community-based living alternative for individuals who are unable to continue living in their family’s home.

These individuals often require special care, including supervision (sometimes 24 hours a day due mainly for safety concerns), specialized communication techniques, and management of difficult behavior. They may need help with activities of daily living skills such as bathing, eating, transferring from bed to a chair or wheelchair, toileting, and/or other personal care.

Many of these individuals may experience a range of behavioral problems that can be frustrating and challenging for caregivers. These might include communication difficulties, perseveration (fixation on/replication of an idea or activity), aggressive or impulsive behaviors, paranoia, lack of motivation, memory problems, incontinence, poor judgment, and wandering. Anticipating that there will be ups and downs, and maintaining patience, compassion, and a sense of humor will help families cope more effectively with difficult behavior but for some there needs to be an alternative option other than remaining with love ones.

I just met a parent whose son is in his early twenties. His wife decided that she wanted out of the marriage and took their children except for the one with significant disabilities. Here this father is trying to cope with the loss of his family, caring for a son who is unable to be on his own, and maintain a job. He has done well understanding what his son needs. He has caregivers coming into the home while he’s working and cameras set up throughout the home so he can view what is happening at any time throughout his day.

So what is the problem here? Many families find themselves in similar situations even if they haven’t a child with a disability living with them. Here’s the problem. The son receives very little financial support through a waiver and soon SSI. This support doesn’t begin to cover what it cost to bring in trained caregivers. It doesn’t cover the cost of getting 24 hours of caregiver support which is what is needed here. It doesn’t cover the cost to replace furniture, clothing, repair walls that are destroyed often when his son is having an explosive moment.

This father is struggling feeling guilty asking for help and knowing he just can’t continue keeping his son safe with him. Why can’t he keep him, you ask? This man presents as a healthy, well fit individual. When his son has meltdowns he attacks his father. The father is able to physically control him but his fears are that he might hurt his son sometime in the struggle and he wouldn’t be able to live with that memory. He hasn’t had time to think yet about the future when he might not be healthy enough or strong enough to protect himself and his son.

His son is typical to what is going on in many families with a child with significant disabilities. Yet, most families are expected to keep their child with disabilities in their home until they reach the age of 80. He is finding out while in the middle of this crisis that getting help isn’t easy. He’s seeing that it’s not as easy as it was when his son was in school. He already feels bad asking for help and now realizes that asking isn’t getting him anywhere. He has to do more and yet his energies are running low and time is just not there.

A friend of mine has a daughter with moderate disabilities. Her daughter is in her late twenties. They are financially sound and can afford to provide for her. She does receive SSI and Medicaid support. When she graduated from high school they found out that even though they had met with Vocational Rehabilitation staff during school case conferences and filled out proper paperwork they were not set up
yet for their daughter to get into any adult services program. My friend soon learned that the adult world was not "user friendly" instead she had to constantly make calls, fill out paperwork, meet with people, and finally decided to pay to get her daughter into a program. Yes, because of so much red tape that kept getting in the way, they paid to get her in a day program. Their daughter had been sitting at home for a year before getting into any program. They just couldn't keep her engaged with activity due to their schedules. There were few friends living near them for her to see. She just spent her time watching television and escaping to her imaginary world. Her boredom led to increase anger which she took out on her mother often leaving bruises on her mother's arms. Programs like PEAK Community Services are needed to add quality to lives of those with significant disabilities.

There's another person with a moderate disability who lived with his parents. His mother cared for him well and taught him a lot. She did not believe in group homes and spoke very negatively to him about group homes. When he was "bad" she would threaten to send him to one. She died suddenly. His world was turned upside down. His father moved him into a house of his own and went about his life. Yes, the son knew how to cook a little and care for his personal needs but he didn't have much experience dealing with people outside his home. He soon became very lonely and missed his mother. A group of troublemakers saw a chance of taking advantage of him. Before long they had moved in on him and had him paying for everything they wanted. He was often hungry and mistreated by them. It took time but people started seeing what was happening and finally an off duty policeman helped get the users out of his home. This person has no guardian and needs a provider helping him but due to his mother's opinion of such facilities he will not consider looking into it.

Families need educated on how to set things up for their children once they are gone. They need to understand the struggles their child may go through once they are not here to protect them. Schools are required to have transition plans for students once they reach the age of 14. Many of these plans just meet the requirements of the law. Agencies like PEAK Community Services can help schools with this planning so to better train families on the needs that they will encounter once through the school system. Better transition plans can help a person to go straight from a school plan into a program that will continue to provide meaningful support for those with disabilities.

Better transition plans can help a parent to know where to turn when suddenly life throws a curve ball at them and more support is needed then first thought. Parents need more knowledge even if they don't think they do. More teamwork between schools and adult agencies needs to happen but funding needs to be there for this to occur.

Many families are at risk for caregiver burnout. Caregiver burnout puts both them and their loved one at risk. It is one of the most-cited reasons for caregivers placing a loved one in a long-term care facility. One of the most effective ways to prevent caregiver burnout is by taking care of their physical health needs, as well as their mental and social health needs. Essential to meeting these needs is to schedule regular time off from their caregiving duties. Not everyone has a neighbor, family member, or friend nearby who can provide dependable weekly help. Respite care can help if the family has the funds and can find properly trained persons to provide this support.

Respite literally means a rest—a break away from the demands of caregiving. Respite can be arranged for varying lengths of time. It can be provided in the home or in a facility such as adult day care or a nursing home. In-home attendants may be employed by an agency, self-employed, or volunteers. Respite care can be arranged privately for a fee, paid for by some long-term care insurance policies, or sometimes provided by government or private organizations. The problem here is that many families have no knowledge of this support. Or they have no idea how to get respite care services.

The number of services for cognitively delayed adults, their families and caregivers is growing. Yet, facilities that can provide this support are closing their doors or cutting back on services due to lack of money to continue on. The move today is to get people with cognitive delays out in the community and find community jobs. This is definitely appropriate for many people with cognitive delays. We need to stop though and look back on how we have serviced this population in the past. Families who had a child with a disability often kept them hidden from others. Then society realized that this wasn't a very humane way of treating people with cognitive delays. Schools were told to open their doors and provide educational services. These children were put in special classrooms away from others.
My first classroom was in a separate community building away from all children. I was to set up my classroom every Monday and pack it up every Friday so the community could use the building. I was not to leave anything out that would remind people of my students.

After awhile students were invited into general classrooms through a mainstreaming approach. The student would take their own schoolwork into the general education classroom and sit usually in the back of the classroom with an instructional assistant working with them or worse yet they would go in the classroom and sit through a class doing nothing but sitting.

Next, came inclusion, where students with disabilities went into the general education classroom and did the same work but with accommodations and modifications. The student had to have abilities to learn the main core of the curriculum. The problem here is that many of their needs did not get services due to lack of time in school. They missed out learning how to care for physical needs, living skills needs, and even job training needs.

What we found out is that each of these methods had some merit for some students but failed to help other students. Those of us in the field understand that there will always be a need for that special classroom where some students need to be placed in order to support their success in meeting their potential. Let's learn from this and realize that while some adults with cognitive delays can live in the community and work in the community there are those that still need the workshops and group homes to meet their needs. Common sense tells you that there is no one way of meeting the needs of all people with disabilities. They are no different then us. Some of us like working for big companies and other people like working for small companies. Some of us want to lead and others follow. Some of us like to work within a group setting of people and others want to work alone, etc.

People with disabilities should have a choice between where they live and work. Their needs should guide one into knowing where they need to live and work. Workshops and group homes will always be needed for a few. Those few have a right to have a place to go that they can be successful in. Either way, funding is needed to provide support so let's spend the money the correct way and provide support in the environment that truly fits the individual's needs and not try to force the individual to meet our vision for them as if they all need the exact same support.

Thank you for your time and I truly pray that if you cannot provide more funding for persons with cognitive delay support programs you will at least see the need to not cut the funding that's already there providing support.

Sincerely;

Cinda K. Milan

Cinda K Milan
Blankenship, Kristina

From: Nabor, Chris <cnabors@peakcommunity.com>
Sent: Tuesday, June 26, 2018 9:07 AM
To: Blankenship, Kristina
Cc: Sarah Chestnut; Steve Cook
Subject: 1102 TASK FORCE SUBMISSION Adam Kennell
Attachments: 1102 Public Comment- Adam Kennell.docx

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Attached is a letter to the 1102 Task Force on behalf of Adam Kennell. Please submit. Thank you Chris

Christopher J. Nabor, MBA
Chief Executive Officer
Peak Community Services
1416 Woodlawn Avenue
Logansport, IN 46947
cnabors@peakcommunity.com
574.753.4104

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Peak Community Services is a not for profit agency primarily located in Logansport, Indiana with additional branches in Winamac and Knox, Indiana. Peak currently serves Individuals with disabilities in Cass, White, Miami, Howard, Pulaski, and Starke Counties through the Family Supports and Community Integration and Habilitation Waivers, Vocational Rehabilitation and through six Supervised Group Living sites. At the two main centers of service in Cass and Pulaski County, Peak Community Services offers Community and Facility-based employment and habilitation classes.

Information used in this written comment on services for the 1102 Taskforce was gathered through direct observations and conversations with persons served by Peak Community Services as well as through written statements from Qualified Developmental Disability Professionals employed by the Agency. Conversations with the clients occur on a daily basis through basic interactions, as well as through formal complaint/appeals procedures managed by the Support and Quality Assurance Department, through the Self-Advocates government of Peak Community Services, and through a monthly meeting of the lovingly nicknamed “Complaint Committee” where clients have an opportunity to speak either publicly or in private with a Director about concerns and ways to improve the agency.

In both Family Supports Waiver and Community Integration and Habilitation Waiver, there are several key areas that are highly preferred and valued by the Individuals we serve. Participation Assistance and Care (PAC), Facility/Community Based Habilitation, and Transportation are three of the most valued by clients. Participation Assistance and Care is valued for its ability to work in multiple environments and tasks. Clients utilize Participation Assistance and Care to volunteer, attend social events, work on coping skills in cooperation with mental health providers, and to learn basic living skills. One of the most utilized services of all of our clients include a mixture between facility-based
and community-based habilitation. At Peak Community Services, we have both a standard rotation of popular classes and unique classes designed by the client according to their PCISP document. Clients at our main site in Logansport often utilize a mixture of facility-based work and habilitation classes to balance their days between developing different skills and to spend time with their friends. These courses are utilized both for the individual and for groups. In general, the flexibility of the Habilitation group of services is well-touted for implementation in coordination with the rollout of the improved Person-Centered process by the State, the PCISP.

In rural areas served by Peak Community Services, another highly valued service is Transportation. Transportation is utilized in paying local or county transportation services and bus routes, which then transport our clients to day services, appointments, and the grocery store. While it is a highly valued service in rural areas, Transportation has the unique distinction of serving as a symbol of both strength and as a weakness in Waiver services. Utilizing non-agency affiliated Transportation in rural areas is a particularly daunting challenge for individuals with disabilities during the week, and a nearly impossible feat on the weekends due to the restricted schedules that the route providers offer.

At this time, the largest gap in services occurs with individuals with dual diagnoses of an intellectual or physical disability and a mental illness or addiction. Gaps in this service have occurred due to breakdowns in all levels of the system. However, leadership must come from the top to enact change--Individuals with dual diagnoses struggle for appropriate care due to the lack of a concerted & sustained initiative to open communication and training opportunities between providers representing the Division of Mental Health and Addiction (DMHA) and Division of Disability and Rehabilitative Services (DDRS). Currently, at the ground level, it appears that there is no coordination or understanding of regulations, requirements, or purpose of service between these two entities. Private companies specializing in care of Dual Diagnosis clients have begun to fill the void of service where leadership from the State is sorely needed. So long as DMHA and DDRS remain silent or inactive on
this subject, agencies in communities without the presence of specialized facilities will continue to struggle to meet the needs of dual diagnosis clients. If cooperative leadership inspiring change between separate FSSA departments for the benefit of thousands of Hoosiers is not a tenable solution, then DDRS must take charge and pursue specialized Waiver funding supported by an appropriately trained and funded Crisis Response Team system in the State of Indiana.

In summary, my personal experiences providing care for a few hundred incredible individuals in rural north-central Indiana has led me to the opinion that services are greatly valued in services that offer flexibility of activities and coordination with the PCISP as well as freedom to participate in the community without staff present. Services in the area of transportation, while highly valued, are woefully underdeveloped, and the largest area of need would be the development of communication and a joint effort between DDRS and DMHA to appropriately reach out to and serve Hoosiers with dual diagnoses. The individuals we serve and empower will always be here, and so will groups of caring and concerned citizens like those employed by Peak Community Services; I humbly ask the members of the Taskforce to consider the topics previously mentioned for discussion in order to make the service and empowerment more effective.

Respectfully,

Adam Kennell
Director of Support and Quality Assurance
Peak Community Services
Blankenship, Kristina

From: Kelly Mitchell <kmitchell@sirs.org>
Sent: Monday, June 25, 2018 11:37 AM
To: Blankenship, Kristina
Cc: 'Steve Cook'; 'Katy Stafford-Cunningham'; Georgia Pomrenke; Larry Waninger; Angie Anderson
Subject: Submitting Written Comments for 1102 Task Force
Attachments: Testimony for Task Force.pdf

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Ms. Blankenship,

On behalf of Southern IN Resource Solutions (SIRS), I am submitting the attached written comments for consideration by the 1102 Task Force.

Respectfully,

Kelly C Mitchell
CEO/President
812-897-4840
Written Comments
1102 Task Force
Submitted by: Kelly C Mitchell, CEO/President
Southern IN Resource Solutions, Inc
1579 S. Folsomville Road
Boonville, IN 47601

The Medicaid Waiver system is strained and nearing crisis. I offer that our
Waiver system should view services (providers) as a support, not the
solution:

• We, Parents, guardians, family, and community, cannot abdicate
  responsibility for all aspects of an individual’s life to a provider.
  o Natural Support should not diminish as waiver support is
gained.
• I suggest we work with ARC and other advocacy groups to establish
  realistic expectations and develop a working model that
  appropriately addresses:
  o Want versus Need
  o Outcome versus Activity
• This process should include:
  • Discussion with Kim Dodson of IN ARC
  • Planning with First Steps Network Providers to
    communicate and work with families re:
    expectations for future service & support
  • Further developing Case Managers to facilitate
    PATHs that identify natural supports and utilize
    waiver services to augment natural support,
    develop relationships, and support independence.
  • Identification of services/waiver to support children
    versus adults with clearly defined eligibility criteria.
    o All parents of children under the age of 13
      anticipate the need for child care, respite,
home management instruction. A child with developmental disabilities may not have any additional at-home needs.

Our system fosters choice to improve advocacy and protection, and this should be the case; but, this has created silos and disconnected service providers often inhibiting a team approach and placing increased strain on direct service providers.

As a provider of RHS, PAC, Respite, CHIO, and Facility Hab:

- We work with multiple behavior management companies and specialists—each with their own schedules, unique caseloads, and methods.
- We work with multiple case managers and case management companies. Again, each with their own schedules, unique caseloads, and methods.
  - Communication and interdisciplinary coordination was much better when there was one case management company. I note in our smaller counties, where there is primarily one case manager; the team works much more fluidly to address consumer needs, and they are better able to coordinate schedules for team meetings.

Choice is wonderful—but, it can foster abuse of the system. Case Managers and providers are often inhibited from encouraging independence, reducing reliance on paid supports, and “doing the right thing” because families/individuals threaten or follow through selecting another case manager or provider that will give them what they want. This often results in abuse of the system through delivery of unnecessary services and questionable practices.
- With multiple case management companies and behavior management providers, it's a full time job keeping up with who manages whom, scheduling required behavior training, and scheduling required meetings while also meeting the schedules & needs and demands/expectations of those we serve & their families.
  - There is no PCP. When SIRS did case management, we developed PATHS and worked on natural supports because we had the time to do this. We knew the families and our clientele. Now, we don’t have the time or resources to devote to working toward quality outcomes; and case managers are overloaded with inadequate time to truly know the individual or family. If the system is going to focus on outcomes, external case managers need more time with the individual rather than pushing paper.

- The system should also recognize that providers of services such as PAC and RHS are doing an extensive amount of case management. Individual, families, and other providers look to these providers to support all aspects of the individual’s life. As an example, we had one client with intense behavioral and mobility issues who received 10 hours/week of PAC and regularly required an additional 10+ hours/week of non-billable case management and coordination services every week. Many weeks, this individual could consume 20 hours of indirect, non-billable case management and coordination time. After 5 years of serving this individual, we finally served notice.
  - Meetings are scheduled and rescheduled without regard to the input of the provider(s). We understand that
everyone has demands on their schedule; but, so do providers. This has to change. We recognize that we should work with the family—but, we can’t expect providers to always be able to drop everything and reschedule their time. In addition, providers can’t be expected to have case managers/service coordinators available 24/7 for team meetings. Most professions have office hours. The “team” rarely sits down together because of the lack of structure in meeting schedules.

The system still operates on a traditional M-F 9am-5pm schedule; but, it is a 24/7 support system. There are many good case managers and behavior specialists out there; but most of them are not available when over 50% of our workforce is on the job, nights and weekends—and frankly, how can they be? One person cannot be available to 100+ employees around the clock.

- When I look at the dollars spent on behavior management, I ponder the efficiency and effectiveness of this model. Would it be more beneficial to assign Behavior Specialists to provider organizations as trainers/resource/support, and expend funds on real front-line training in applied behavior analysis and individual support. It would be a cost savings, and provide better framework for a team approach.
  - We have 30+ individuals with Behavior Management in their NOA- often unutilized and unnecessary. At approximately $10,000/person/year- this is $300,000+ just for our clientele. Let’s do the math; if we had just 2 FT Behavior Specialists assigned to SIRS, our clientele would receive 2+ hours weekly, or the time could be spent mentoring and training direct service
employees on appropriate behavior support and intervention. This approach would create more impact than the current system; and, allow those specialists to offer mentoring and training on applied behavior analysis and appropriate interaction in the home and community for DSPs & families. The individuals on the front-line are those who truly provide the behavior support.

- Better define eligibility for behavioral services, in addition to the above suggested support. Only those individuals who can benefit from the therapeutic intervention or counseling of a behavior specialist should receive a budget for these services; otherwise, expend the funds to insure behavior training and support for direct service professionals—where the “rubber meets the road”.

Senior Management is burning out!

- Executives and mid-managers are leaving the field in droves. I worry about the impact on the quality of services.
- The “job” doesn’t end. Worries are 24/7. There is no crisis support for providers. Other businesses can slow services or shut the door. We cannot—people’s health and safety are in our hands.
  - Many of our managers are working 60-80 hours/week
  - As CEO, I keep my phone by my bed 24/7. I have covered overnight shifts in emergent situations.
Providers strive to be outcome-oriented and focus on quality indicators’ but, we have no time to be creative as we are constantly caught up trying to meet basic needs and scheduling demands.

- The current labor shortage is exacerbating the issue by reducing the availability of employees, and the retention of top performers.
  - All the while, Case Managers are continuing to refer individuals weekly; and providers are expected to produce staff for ever-changing individual schedules and family demands.

As waiver providers of direct service, we are pulled in many directions:

- Family demands and last minute scheduling requests
  - Many families and individuals expect our employees to give up their own lives and family time to accommodate their needs and wants. – There must be a realistic expectation that one staff person cannot meet every needs of a particular individual. Employees deserve time off and a regular schedule.
  - Individuals and families often have expectations that their provider should be able to cover scheduling changes with hours notice/request.

- Clients with behavioral and high needs burn up our phones and resources, and strain capabilities of entry-level staff.
  - Training from the Behavior Specialist may be limited to a 30 minute review of the behavior plan.

- Case Managers demand reports and attendance at meetings (we understand and appreciate the importance of these requirements)--- that have often been scheduled or rescheduled without our input.
○ Often, we must choose whether to attend a meeting or provide direct care due to an emergent staffing need. We would appreciate case managers and families understanding that these are difficult choices for us; and that we WANT to participate in those team meetings.

• Receiving an NOA to start services on someone we don’t know, and families expecting service to begin immediately; and then, recruiting and hiring staff for that referral only to find they have now gone with another provider who happened to have someone available at the moment. Again, we need to establish reasonable expectations. One-on-one and small group services require hiring staff for that particular purpose.

• Meeting staff training requirements with a highly mobile staff who may work with multiple individuals is challenging at best. Training requires that we: a) pull direct care staff off the job and figure out how we insure coverage; 2) deal with the logistics of Individual Specific Training for an employee who may serve 10 individuals with 10 different “annual plan” months.

While SIRS has a 24/7 on-call back up system, it often isn’t enough. One Friday in April, we had 4-5 evening staff call off due to the flu leaving managers and direct care staff overwhelmed with responsibility.

We have four FT positions assigned to take calls Sunday through Saturday 24-hours/day. These individuals coordinate coverage and fill in when emergent. We also provide a case manager as Resource/Support each weekend for back up to the on-call support system. We are now hiring two additional FT positions as 2nd & 3rd shift management/support of the on-call employees.

Wage isn’t the only problem:
• We pay our DSPs $10.75-$15.00/hour; but, they often work holidays and unscheduled overtime due to the demands of family and individuals served.
• Entry-level staff are dealing with high medical needs (feeding, diapering, and medication) and intensive behaviors (being hit, choked, thrown, etc)
  o Staff often leave the industry to take a lower wage with better hours or less stressors and demands.

The model needs change:

• Look at the silos
  o External Case Managers are busy doing paperwork; while providers are actually doing the day-to-day case management. How can they realistically be involved in the process, know the individual, and be most impactful?

  Define the role of case management; and define case management expectations of providers of direct services. Further input and exploration of the current model is necessary. Work to receive genuine input for providers, families, and case managers about what is working and what isn’t.

  o Behavior Management needs to occur in the setting with families and direct service staff—mentor and support. The importance of behavior management isn’t “writing the plan”. Yes, the plan needs to be well done using principles of applied behavior analysis; however, the key is the interaction with the individual and the implementation of the plan. Front line staff must have this skill set. Training should occur in the individual’s environment and with the individual. Hosting an annual training session in a classroom setting is not effective in our experience.
- When I started in the system, we did our own case management and behavior management. Many of us had degrees. Now, the majority of our front line staff, and some mid-managers, do not have specialized training or degrees, yet these are the people working with the individuals on a daily basis. We MUST focus on skills level on the front line.

- **Develop Crisis Support necessary for 24/7 system?** Where does the provider go in an emergent situation. What happens when you have exhausted every staff resource for required coverage?

**The system is on overload:**

- We may need to **consider slowing down entries to waiver**, and prioritizing who gets services
  - Prioritize CIH Waivers for families with caregivers 65+ years of age. Caregivers should not be fully responsible until the age of 80.

- **Consider a Children's Waiver**- we witness families with children under the age of 13 w/out medical and behavioral needs receiving respite and in-home care that any typical parent would provide to a child under the age of 13--- while many older parents cannot get the services necessary for their adult child's care.
  - We understand families with children with high behaviors and high medical needs requiring respite and support.
  - Provide limited and focused therapeutic services. Children with very little needs are using up the system—Find a way for self-direction and services appropriate for children. Provide the dollars to the family and let them hire a housekeeper, babysitter, etc.
• Develop a system that supports families, in a realistic way, to keep their family members at home.
  o Day Programs (providers should explore alternate forms & we must work with community-based setting rules)
  o Self-direction-- families and individuals may need assistance with housekeeping and other activities in order to provide the necessary care for their loved ones or themselves.
  o Natural supports
  o Respite Care
  o Increased utilization of technology and electronic monitoring—this will involve education of family members, caregivers, and guardians.

• Work with families & individuals to establish realistic expectations. This effort must be supported by Case Managers, Behavior Specialists, and Advocacy Groups. We work with many great families, and we recognize the importance of the support we, and others, provide; and we truly understand that caregivers are often exhausted (emotionally & physically).
  o While we want to please and provide great customer service, providers can’t have employees “in a closet” waiting for that 1-2 times/year when 24/7 support is desired for a week or a last minute emergency
    ▪ Home health agencies merely tell families and providers they “have no one”, and the family or RHS provider has to cover it when they have exhausted their staff resources.
  o There is a labor shortage; we can’t always easily replace a staff person upon demand due to an individual or family preference.
  o One-on-one services can’t easily be covered when a staff person calls off last minute.
- It is difficult for providers to send someone for 1 or 2-hour requests due to travel distance and schedule with other clientele. There must be realistic expectations or an enhanced rate for these short bursts of service delivery.
- Case Managers should hold providers to quality standards; but, they must be realistic regarding the capabilities of providers. Rather than telling an individual, “the provider HAS to do that” or “you can switch providers” (yes, we understand that these truly are their options) recognize the challenges that are facing providers and work toward understanding and a resolve. Many times, problems stem from the current workforce/staffing struggles.
- While the great majority of those we serve understand the challenges of an individualized service system, we also note that Case Managers & Behavior Specialists are placed in this same predicament- if they try to implement appropriate guidelines, etc.; families/individuals just seek a new case manager or specialist that will give them what they want. The Case Manager or Behavior Specialist is placed in a difficult situation—do the right thing and lose the client, or go along with the demand to keep the client. There are a handful of individuals or families working the system—let’s address it.

- Finally, set rules, regulations, and procedures to create a strong quality support system and reduce administrative burden rather than punishing all providers and families/individuals for the actions of a few.
  - Review accreditation and audit processes. As a provider of direct services, we spend an enormous amount of administrative time/capabilities preparing for, participating in, and completing corrective action for numerous entities. In the past 12 months, our organization received a 3-year
accreditation from CARF, completed the Provider Renewal Process (PRP), and completed a Compliance Evaluation & Review Tool (CERT) process. All of this is in addition to our own internal Incident Review processes, personnel file review processes, client file review processes, and outcomes management system. We must find better ways, other than repeated policy/procedure review, to monitor and insure quality of services. Administrative time is taken away from strategically planning for quality improvement in the provider’s service delivery system to complete these processes.

- When evidence points to “provider-hopping”, mistreatment of providers (case managers, behavior specialists, and direct service providers), and misuse of services, deny services to families and individuals after they have been advised and counseled.

- Sanction providers and eliminate them from the system when needed
To the 1102 Taskforce members and other Indiana Government officials including Governor Holcomb,

My name is Julie Semones, I am the parent and legal guardian of my 24 year old disabled daughter Ann Semones. Ann was born February 1, 1994 premature at 25 weeks, identical twin A, we lost her twin sister Grace in 2007. Both girls were diagnosed with spastic quad cerebral palsy and utilized a wheelchair I had to quit my job to care for my complex daughter and typical needs son. Both girls had been on the DD waiver waiting list for 8 YEARS, with approval 7/1/2002. Ann utilizes a power wheelchair for independent mobility and moved into her current handicap accessible Hawthorn Glen home in 2014.

I am writing to address the 1102 Taskforce issue that directly affects my daughter Ann Semones, regarding the proposal to place heightened restrictions and scrutiny on supported living sites, specifically where Ann lives on Bettye Dunham Drive, Charlestown Indiana in the Hawthorn Glen neighborhood, which is a small part of a large neighborhood that is integrated, and growing. There are over 200 homes within the subdivision and Bettye Dunham Drive homes make up around 10%.

It is outlandish to lump Hawthorn Glen residents within farmsteads, gated communities (there are no gates) and institutional settings, as the taskforce is currently doing and the Hawthorn Glen supported living setting Ann lives in would be a presumed institutional, under new HCBS guidelines which is ludicrous.

These homes were specifically built for clients with physical disabilities, it is impossible to find affordable accessible homes for Ann in the community at large. The fact that these homes were designed for individuals with physical disabilities does NOT make them institutional, but rather simply accessible. This setting is the only opportunity that Ann will ever have to live in a specifically designed newer all-inclusive power wheelchair accommodating home with her own private bedroom, a large handicap accessible bathroom with roll in shower and rent less than $400. What is the State's alternative? Ann is medically fragile, and if she had to move it would be detrimental to her health and wellbeing.

Supported living staff, specifically direct service provider (DSP) pay rates need to be increased, the full time DSP pay rate with health benefits is below poverty rate and with typical turnover rate of 42% it is difficult for any agency to maintain trained staff, which is so important for quality care of my daughter. The integrity of a state is judged by how well they care for others who cannot advocate for themselves and believe me voters will take notice.

Ann has an exceptional quality of life with her neighbors, friends and so many activities available. Ann knows people everywhere she goes! Please don’t take that away from her.

The Hawthorn Glen neighborhood when developed in 2010-2012 and approved by Clark County Planning and Zoning and the Clark County Commissioners is designated as a planned unit development (PUD), which is currently incomplete, and should be grandfathered in as PRE-EXISTING.

Thank you,

Julie Semones RN BSN
via 4/22
IQ
Sent to Cathy
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Attached is a letter to the 1102 Task Force on behalf of Melissa Stewart. Please submit. Thank you Chris

Christopher J. Nabors, MBA
Chief Executive Officer
Peak Community Services
1416 Woodlawn Avenue
Logansport, IN. 46947
cnabors@peakcommunity.com
574.753.4104

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Community Services

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June 7, 2018

To Whom It May Concern: Comments regarding 1102 Task Force

My name is Melissa Stewart. I live, work and have raised a family in Cass County, Indiana. I have worked for a State Psychiatric Hospital for 27 years. In addition, I have served as a Board Member for Peak Community Services for nearly 7 years.

Logansport State hospital provides treatment to individuals who have been deemed by the courts to be gravely disabled, a danger to themselves or others or who have pending criminal charges. This facility has provided services to individuals from all counties in Indiana since 1888. The individuals we provide treatment to are diagnosed with Mental Illness and in addition, some have developmental disabilities.

Due to improvements in medications and evidenced-based active treatment, our patients recover and are referred to their respective Gatekeeper (Community Mental Health Center or BDSS) for return to the community.

As a Board Member for PEAK COMMUNITY SERVICES, I am aware of community living opportunities for individuals who are developmentally disabled. I hear of bed openings and treatment opportunities each month at board meetings. I become frustrated because there are individuals who need these services and that have been on the waiting list to leave Logansport State Hospital for nearly two years. We have referred these individuals to BDSS for services. AND THE PROCESS SEEMS TO STOP.

- An individual who is ready to leave this hospital is “stuck”.
- There is a breakdown between BDSS and providers. This is a disservice to the individuals who have worked so hard and are ready to move on with their lives. This breakdown needs to be addressed. Community providers have services and beds available. Why is it so difficult to get an individual linked to these services?
- BDSS visits patient on our waiting list a few times a year. NOTHING SEEMS TO HAPPEN to move these patients closer to living in the community when I KNOW beds and programs are available to meet their need through agencies such as PEAK COMMUNITY SERVICES.
I would like to speak briefly about patient/consumer CHOICE.

- An individual with a developmental disability should have a choice in the type of community living program they prefer.
- They should also have a choice regarding the type of work that they prefer. I personally know of numerous individuals that take pride in the work they are able to do in a sheltered workshop atmosphere. Taking that choice away from them is truly a disservice. Individuals who choose sheltered work should be able to work in that atmosphere until they choose to do otherwise. The pride of doing good work is seen on their faces. These choices bring individuals a QUALITY OF LIFE.

Thank you for taking time to read and consider these. I believe that the goal of any provider is to identify and provide the supports/programs that are necessary for consumers to live in the community. Consumers can then CHOOSE from these supports and build productive lives.

Respectfully Submitted,

Melissa Stewart
melissa.stewart@fssa.in.gov
mds4564@hotmail.com

Logansport State Hospital
1098 South State Road 2S
Logansport, IN 46947

HOME:
8826 South 1000 East
Galveston, IN 46932
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Attached is a letter to the 1102 Task Force on behalf of Emily Taylor. Please submit. Thank you Chris

Christopher J. Nabors, MBA
Chief Executive Officer
Peak Community Services
1416 Woodlawn Avenue
Logansport, IN. 46947
cnabors@peakcommunity.com
574.753.4104

CARF accredited in Community Employment Services (Employment Supports and Job Development), Community Integration, Organizational Employment Services, Respite Services, Services Coordination, and Supported Living [Governance Standards Applied] Expires June 30, 2020

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Dear 1102 Task Force Members,

At Peak Community Services, Inc. we are a full coverage provider for over 200 clients. We offer residential services for twenty four hour and non-twenty four hour community living settings, we have six ICF/DD homes, offer respite and other in-home services, day services programming where we teach life skills, an onsite work facility, vocational rehabilitation program, and were one of the nine providers chosen in the state to offer pre-employment transitional services. We have over 200 employees from over 13 different counties throughout the state. In the past year alone through the growth of our company we have generated 19 new local jobs. The impact our organization has made on the city of Logansport is dramatic and strengthening every day.

I am a well-educated Hoosier who received a Baccalaureate degree from Miami University in Ohio and a Master's of Business Administration from Indiana Wesleyan University. Currently, I am working in the developmental disability industry as the Director of Finance for Peak Community Services, Inc in Logansport, Indiana. My staff and I meet every week to discuss current and ongoing issues we have with billing, contract management and much more. Our team consists of 5 people with different levels of education all working on the processing level of Medicaid waiver services. From this perspective, we have a very clear view of barriers to offering efficient and quality services for our clients.

RURAL LOCATIONS NEED ADDITIONAL RATE CONSIDERATIONS

Funding for transportation and staffing for clients for community-based activities/outings living in community living settings continues to be an issue for us in rural Indiana. For example, we have a client who met his significant other at Special Olympics. Now he wants to go visit her. We are getting pressure from the case manager to make this happen because of the increased emphasis on HCBS. Her argument is that the client has enough money for the trip, our argument, as an agency is that we don’t have the staff or the financial resources to make this happen on a regular basis. We don’t want to create a situation where we promise a client something and can’t deliver long-term. To allow this client to safely make the trip, we will have to provide the transportation either via a company vehicle or employee vehicle (then reimburse) and send a staff member. The cost of the outing compared to the billing rate for residential services will be a loss for the company. In order to build a sustainable model we have to at the very least break-even.

With the state pressuring agencies and providers to get clients in to the community, the increased cost in our rural area needs to be considered. Often times we are already understaffed in general so as outings increase, so does the amount of over time. Individual “adventures” are fantastic for the clients theoretically, but they are very, very expensive. If a client receiving respite or residential care wants to get out of the house and have a quality trip it requires us to go to a neighboring city. We do go on outings in Logansport but you can only go to the Dollar General, library and movie theater so many times. For the clients to get a real quality outing it requires driving to Ft. Wayne, Kokomo, Indianapolis or Lafayette. On these trips we go to the zoo, museums, historical sites, imax, and quality shopping locations. Each trip has to be staffed,
transported and well-organized to be successful. These types of outings are what we imagine the state is pushing for and as an agency we feel are vital to the quality of life of our clients. In a rural location with not many options, this becomes a major barrier for Reimbursement rates supporting this ideology are necessary to ensure their continuation.

EDUCATIONAL RESOURCES ARE NEEDED FOR PROVIDERS, GUARDIANS AND COMMUNITIES

As a newcomer to the industry and having a new team we have encountered one of our major issues to be education of rules, policies laws and regulations, and not just provider education, but guardian and community education. For example as a provider, when myself and my team began billing for services we could not find someone who could explain to us if a client living in a group home had a job could keep their earned income and how the liability payment for services was generated. We contacted our local Medicaid office, who told us to contact OMPP, who then told us to contact our local office who was then confused why the question was directed back to them. Finally after the local office called a friend, we received some help from some department within FSSA (I’m honestly not sure which one we bounced around so much) who provided us with a very clear answer. On the other side, I contacted four other providers to receive a response that ended “this is the way we’ve always done it”. Simultaneously, while I was waiting on the state to respond I read through the Indiana Administrative Code which directed me the Code of Federal Regulation which directed me to Indiana Code. I felt like I needed to be an attorney to comprehend any of it. I am well aware we are not going to fix the nuances of bureaucracy, but as if you are really wanting to make a change in provider services, you’re going to have to offer some type of resource to break the cycle of “this is the way we’ve always done it” because the law is so convoluted that if you’re looking for the right answer, you have to dig to find it and even then, it could be misinterpreted because of it’s difficult language. As new blood continues to filter into this industry, we need and want education. INARF is an excellent resource for this but I did not see any state employees at the last conference.

In a separate instance, we had a guardian of one of our clients who preferred to be representative payee, call the state Medicaid hotline and receive bad information. She was directed by the state service to open and pay for a funeral trust with excess funds instead of paying her liability to us the provider. It took us three months to convince her that the information from the FSSA number was wrong. While this occurred, we continued to accrue $3,000 worth of unpaid services. We are still currently working to appeal this debt to Medicaid and of course, the burden of proof lies on us, the victim. If the guardian had been educated properly, we would not have been in this situation and could have moved forward taking care of her loved one in the same direction.

As the 1102 Task Force gathers to reevaluate the needs of our industry we ask that you consider the application of the changes you propose to make. Getting clients out and in to the community is a great idea, but it is costly and more so as you move in to rural areas.

We as providers, guardians, and community members need ongoing education. Additionally, we need to have reliable resources to seek out answers to our compliance questions. If you are seriously wanting to invigorate the developmental disabilities industry you need fresh talent to
build upon the current talent and compassion offered by providers. With this industry requiring so much red tape, in order to progress this niche industry we need to all move forward together. That will require ongoing education and support from those state agencies making these strict requirements.
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Attached is a letter to the 1102 Task Force on behalf of Michael Haynes. Please submit. Thank you Chris

Christopher J. Nabors, MBA
Chief Executive Officer
Peak Community Services
1416 Woodlawn Avenue
Logansport, IN. 46947
cnabors@peakcommunity.com
574.753.4104

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Assessment of Services and Supports for People with Intellectual and Developmental Disabilities.

As the Human Resource Director for a small non-profit Agency, that serves individuals with intellectual and developmental disabilities, many challenges are faced on a day-to-day basis. Our Agency employs approximately 170 individuals to provide services for close to 200 individuals in waiver programs, employment services, residential services, and respite care. I would like to approach issues that are important from an Agency perspective, but also a parental perspective. Many individuals that work in this particular service line also are parents, siblings, or a relative of someone with a disability. I am one of those individuals, and my son is receiving services due to his diagnosis of severe autism and mild mental retardation. Agencies and families face many obstacles in communities to either provide services or receive services, especial those in the rural communities of the state. Living in Logansport, serving Peru, Winamac, Monticello, Monterey, and Knox, present extra challenges that large cities only partially understand or are challenged with due to location.

Historically, funding has been one of the largest barriers to Agencies to attract and retain staff to provide services. The unemployment rate has drastically reduced in the State, and competition for workers has placed Agencies in difficult positions. My wife is a licensed respiratory therapist but is our son’s direct support professional instead. Our son is 24 years old and continues to live with us while he develops the skill to one day live on his own. Finding individuals that are willing to work in this human service field is difficult. This also includes those that are not banned by Indiana Administrative Code 460. The work is rewarding on a personal basis, though the pay is not competitive with other employers, making individuals leave in order for them to financially support their family. I have found that many workers leave because it becomes a struggle for them to care for their own family. This has an emotional impact of the clients being served because it removes the potential for long term consistency. Clients develop a personal bond with those that work with them on a daily basis, and when those individuals leave because of financial issues, it negatively affects the client and their services. This impact also interferes with different individual’s progression in personal and social growth.

Our son was on the waiting list for services for at least 10 years before finally being granted his waiver. We were not alone in this long and challenging wait, but many families and individuals have struggled with being allocated assistance for their needs. It took time before the State of Indiana did away with the waiting lists, but that came with another challenge of funding services needed to those individuals. There are many families and individuals that do not understand the availability of waiver services, how to apply, and what they should advocate for when applying. Then the challenge of selecting a case management company and a service provider. We have been with 3 different Agencies and are currently with an Agency that I do not work for to avoid any conflict of interest. Selecting an Agency is like spinning a roulette wheel because you do not know what your experience will be like, and you have to rely on word of mouth or take a chance. As a member of a local Agency, we strive to improve the quality of our services to our clients, but it takes quality people and a variety of service offerings to perform that task. I believe the State needs to take a more active role when it comes to educating individuals about services provided and generate transparency on Agencies that provide services at the State standard, and those that go above the standard to deliver quality services. Additional
information should be provided and governmental consideration, to those providers that are not for profit and only operate within the State of Indiana. The availability of services in the rural areas has been slowly growing but have not reached the desired level or equality that larger city agencies can deliver. Music therapy was a service that we attempted to receive for our son only to be told that you would have to go to Indianapolis to get that service. When an individual or family is presented with a list of services that an individual could receive only to be told that, due to where you live, you cannot get half of the services, it is frustrating. Agencies would like to be able to offer a large variety of services to clients so that they may be able to improve their lives. However, it takes the ability to attract quality individuals with the desired skill set to deliver those services.

The Agency that I currently work for began in 1954 when a group of mothers got together to find a way for their children with intellectual and developmental disabilities to receive an education. At that time the government felt that those with intellectual and developmental disabilities interfered with the “normal” kids’ education. Parents had to take it upon themselves to create equality, though it was done through seclusion. Progression was slow to garner governmental support, and it took the State of Indiana until 2007 to finally apologize for their forced sterilization of those with intellectual and developmental disabilities. We want inclusion for those with intellectual and developmental disabilities, but it takes agencies, like the one I work for, to be able to attract and retain quality staff to carry out the tasks to enrich the lives of our clients. Additionally, the rural community service provider has the challenge of finding quality inclusion activities that can add to the individual’s growth toward independence. Quality inclusion activities tend to require travel to larger communities, and services providers have to develop ways to finance those activities. There are too many barriers that individuals with intellectual and developmental disabilities face on a day to day basis, but they also face the challenge of being seen for who they are and what they need. Too many times they are placed in a category with anyone with a disability, which do not truly serve their needs, and creates an undue misunderstanding on how they can grow as individuals.

There has been over 20 years of stagnation on behalf of the government to address a growing crisis to adequately serve those with intellectual and developmental disabilities. In order to provide quality services to assist in the independence of those that have faced many challenges in life, it takes agencies the ability to attract and retain quality people. The smaller rural areas of Indiana have additional challenges when it attempts to develop quality programming. These agencies need to be able to compensate their staff in order to retain them for consistency and be competitive to other industries in the area. Obtaining staff does not need to be a ‘warm body’, but it should be an individual that will deliver quality service, consistently and with passion. When I make my hiring decisions, I look at each individual as potential staff to my son, and these individuals take on the role as staff to different clients in the agency that I consider friends also. I have been heavily involved with Special Olympics and know the challenges that individuals face when they do not have staff or staff are unavailable to assist them in their activities. Then when there are good staff that go above and beyond, they tend to burn out quickly due to the shortage within this type of business. Balance need to be achieved between quality staff and consistency for the clients.
Overall, the Agencies that try to provide consistent and quality services is hindered by the ability to financially attract and retain quality staff. To many times Agencies revert to the 'warm body' principle that fails to meet the needs of the clients, and an idea that goes against my own principle as a parent and Human Resource Director. Supporting those Agencies that are dedicated to the people of the State should be given more consideration when allocating reimbursements so they may continue to be a high quality service provider, with quality staff to carry out the services that all of the clients deserve.

Michael Haynes
Attached is a letter to the 1102 Task Force on behalf of Aubrey Aubrey. Please submit. Thank you Chris
Peak Community Services is located in rural Indiana. Our small town of Logansport IN only has 18000 people living in it and the resources in our community are very limited. Our agency as a whole services close to 100 individuals with disabilities between our 24 and non-24 hour settings. Clients can choose between Residential Services, Family Supports, Community Based HAB and Work Services.

As the Director of Residential Services at Peak Community Services this information was gathered based on request made by staff in my service line. I often get requests from managers and coordinators of clients for long trips or have meetings regarding transportation for work, or providing staff just for a client to go visit a girlfriend because the resources for clients to do these things independently are not there.

Living in such a small rural community our clients have several needs that go unmet. One topic of discussion that often comes up is the resources for outings. Just like everyone else our clients must pay for things they participate in. They want to go to the movies, out to dinner, or enjoy putt-putt golf, however when they have such limited income it is hard for them to enjoy these things. Several of our clients would love to work to assist with the financial hardships of living on a fixed income but our community doesn’t have much to offer in terms of employment. Living in a community with limited employment opportunities for the general population makes employment opportunities for our clients even harder. Clients are unable to find gainful employment that gives them the funds to be able to participate in community events. This has severely limited their involvement in local community activities.

The second need going unmet is the need for funding for transportation for both work and recreational needs. As mentioned above our community has limited employment opportunities and does not offer a lot for clients to do. Many clients may be able to obtain employment in a larger city but cannot find transportation to or from work. Sometimes they cannot even find affordable transportation to and from work within the community. Clients have to turn down job offers or avoid looking for work all together because they do not have transportation to take them to work. We had a client that had a job working at our local burger king. He went into work at 6pm and was off at 9pm. He only needed a ride to and from work on Friday, Saturday, and Sunday. Monday through Friday he received 40 hours of staffing from our agency with a full time staff member. Our agency struggled with finding someone that wanted to come in just to run someone to work and then come back in and bring them back when it was a service we couldn’t bill on. If their waiver would pay for transportation services to be able to utilize public transportation for work they would be able to be more independent and be productive members of society. How would we expect a person who is unable to obtain a drivers license and can only work a few hours a day go without transportation in their waiver budget?

We do not have a mall, a water park, a zoo, community centers etc... Clients often times want to travel to outside communities to enjoy these activities. A few surrounding areas have small water parks clients could enjoy but these are still 30 miles or more away from their homes. Clients cannot afford to take a taxi or public transportation outside of the community on the limit income the live on and agencies cannot always afford to pay for staffing, transportation and the staff’s way into these activities. This has really limited our client’s opportunities to be
active members of society and to gain experiences that the rest of us get. A need for clients to have transportation reimbursement outside of medical appointments is important. Clients life experiences in our community are being limited due to the lack of transportation support they are provided. Our clients depend on others to drive them at all times. Most are unable to obtain drivers license due to medical conditions and/or cognitive ability. Clients are unable to be spontaneous and go on a day trip outside of our small community due to the need to have a full budgeted plan through the agency.

The third need going unmet is clean affordable safe housing. Many of our clients have physical disabilities and live on a fixed income. These clients need one level homes that are wheel chair or walker accessible. Most homes in our community are two level duplexes. Not only are they two level duplexes but they are not well maintained. Our clients deserve to live in clean safe houses. Some landlords assume that since clients receive services from an agency that the agency will absorb the cost of repairs and maintain the property. A client we served looking for a new one bedroom apartment living on a fixed income was unable to find an apartment to fit within his budget. He was only granted 750.00 a month in benefits and the cheapest apartment available in our community was 550.00 leaving him only 200 a month for all over expenses. This place available for 550 was only a room in a large building and the living conditions were not acceptable for what he would have been paying.

Our clients are suffering in their own communities due to the lack of resources available to them. Often times these resources for houses and travel are being taken from them and given to people who are cable to earning it themselves but don’t. Our clients are limited on their abilities to obtain employment, housings, and transportation and they deserve resources to be available to them to help them achieve independence in their daily lives.

Thank you,

Aubrey Aubrey
Hi Kristina
I will be at the July 18 public forum in Indy. I’m speaking on behalf of my sister who has a developmental disability and is age 51. If I’m selected to speak that day - my thoughts has to do with reimbursement rates and services my sister receives. I don’t know if Kathy is still the FSSA director. I have communicated with her in the past and just sent her an update. Copying to you.
Thank you
Trish Ierino
3900 E. Stonegate Dr
Bloomington IN  47401
812 322 9331

Hello Cathy,
We’ve communicated in the past and I’m providing another update. It’s very important you all realize the impact of the decisions you make.

Since my parents have passed, I’m the guardian and care provider for my 51 year old sister, Cheryl. In order to receive support for my sister while I work, we had to take in a roommate 3 years ago in an apartment attached to our home.

In 2015, this was not a good roommate match but we had no other better option. For the last 18 months I have asked Stone Belt to help find a better match. There showed no action for the last 18 months. Until I took it upon myself to call all major case management companies to spread the word that my sister has a great need. I called Ann at BDSS who works with those leaving group and nursing homes for apartments. I made sure Cheryl was on the state roommate list. Stone Belt now tossed out names but there is no one interested in moving.

Cheryl has high anxiety, depression and PTSD. PTSD was created by being lost in the community by Stone Belt staff. She needs a roommate with less behaviors than current roommate. This roommate hates dogs and we were not disclosed that by Stone Belt or her
family. That adds to Cheryl's anxiety because the roommate tends to kick the dog when staff are not watching. The roommate also had high medical needs and is in bed for several hours. A lot of it is by choice and lack of staff training. Roommate screams and yells every night after Cheryl goes to bed and it frightens her.

I’m all my sister has. I had hoped by now that she’d be ready for a regular apartment with 2 roommates. Unfortunately, the current roommate situation has set Cheryl behind by 2 years. Her independence has decreased, anxiety, PTSD and depression has increased because of the living situation. Medications have increased to deal with this situation.

Here’s the kicker. There is a client needing an apartment in Bloomington who does not have high behaviors. Her personality and likes are very similar to Cheryl. Her algo is too low which impacts budget and reimbursement.

So the state requires that my sister live with someone who has a higher algo with high behaviors which impacts my sisters mental health. How is that right?

I understand all about the reimbursement rates and Medicaid. But this just seems wrong on several fronts.

Do you have any suggestions on how to help my sister?
Thank you
Trish Ierino
Guardian for Cheryl Thompson
3900 E. Stonegate Dr
Bloomington IN
47401
Dear Ms. Blankenship,
I am writing this letter in support of Rauch Industries of southern Indiana. I understand this task force was created to ensure quality care and treatment of disabled persons. There can be no place more exemplary of this then Rauch Industries. My sister, Michelle Pfeifer, has been a client of Rauch for over 20 years. At Rauch Michelle is a productive member of society. She works at tasks she can perform comfortably. She socializes with other clients and staff. Each staff member I have encountered is enthusiastic, kind and supportive. They genuinely care for the well being of their clients. The clients are happy to be there. They have purpose and worth there. For my sister the staff and clients are her second family. For some clients Rauch is their only family. Please don't tear this family apart. Please continue your support of this valuable service, this family, Rauch Industries.
Sincerely,
Margaret Pfeifer Parks

Sent from my iPhone
Hello Ms. Blankenship,

IPMG's written public comment for the 1102 Task Force is attached.

Thank you,
Heather Sorrells

Heather Sorrells | Assistant Director, Field Support
Email: h.sorrells@gotoipmg.com | Mobile: (765) 491-9741
IPMG Customer Service: 1-866-672-4764
24 Hour Non-Medical Crisis Line: 1-800-878-9133
www.gotoipmg.com

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June 19, 2018

1102 Task Force  
Division of Disability and Rehabilitative Services (DDRS)  
402 W. Washington St. IGCS / W453 / MS 26  
Indianapolis, IN 46204

Dear Task Force Members:

Thank you for the opportunity to provide written feedback and recommendations.

IPMG has provided case management services to Hoosiers with disabilities since September 1, 2006, first as a sole statewide contractor, and effective September 1, 2012, as one of a limited number of certified providers. IPMG continues to be the largest case management company in Indiana. Our experience in this field allows us the knowledge that case management is a vital, complex and comprehensive service that extends beyond the day-to-day activities of the individual Case Managers. IPMG is committed to the full support of the efforts within the state and the disability environment to enhance the quality of lives of individuals served, while understanding and supporting the necessity of implementing cost-effective measures.

IPMG is providing some general observations and comments, along with specific recommendations within this letter. IPMG is aware that all issues may not be able to be addressed by the Task Force.

Role of Case Management

Case Management is a vital service to individuals. Case Managers ensure that individuals are linked to both paid and natural supports, that collaboration occurs across support systems, service dollars are used in a fiscally responsible manner, and that individuals have support plans that are person centered. In order to effectively deliver Case Management services, a Case Manager must be able to truly get to know the individual they support. To do this, a Case Manager must have a caseload size that allows them time to meet with individuals, communicate with their teams, and link them to supports outside of paid services. Currently Waiver Case Managers have case load sizes that do not allow for person centered services. IPMG supports the legislation requiring a rate study of Waiver Case Management and the implementation of a reimbursement rate that is reflective of the responsibilities and requirements of providing person-centered case management.
Providing Choice to Individuals and Their Families

IPMG conducts a survey with all individuals upon completion of their initial waiver planning. The survey comments consistently note that choosing a provider for services is the most difficult step in the intake process.

Currently, individuals and their families are provided with a lengthy list of providers and Case Managers are only able to give minimal and general guidance on making a choice. Individuals and their families note frustration with the length of the lists and the number of providers that they contact who no longer actively service their area, or are not accepting new referrals. IPMG recommends that a simplified provider choice process be implemented across service models. The choice process should require that providers indicate when they are actively providing a service in a specific geographic area, and only those providers are presented as a choice to individuals. The DMHA pick list allows providers to give a short description of their specialist or highlights of their company, this model should be expanded across service types.

Access to Services

IPMG recommends that a Single Point of Entry be developed for all programs under FSSA. Individuals often have needs across bureaus, for instance an individual with a developmental disability may also need access to affordable housing and food stamps. Multiple applications and referral processes are daunting for families to navigate and can result in loss of access to needed supports.

IPMG sent a survey to all individuals served and/or their guardians in May 2018. Respondents were asked to select all barriers that applied to service delivery and 55% of respondents noted that they often could not access needed services due to lack of available staffing.

Q4 What has been your biggest barrier to accessing needed supports?
(select all that apply)

- Provider unable to accept
- Obtaining info...
- Housing/Resources
- Other (please specify)
While a rate increase was provided in the fall of 2017, the DSP rate is still below that average rate for fast food workers, store clerks, and CNAs. This rate prevents providers from being able to hire quality staff who are committed to supporting some of our most vulnerable Hoosiers.

The staff that are hired all too frequently do not possess the skills they are attempting to teach. IPMG recommends that a standardized competency based training program be implemented. Staff would need to demonstrate basic knowledge and abilities in specific areas before working with individuals who need those supports. As examples, the competency based training could include demonstration of ability to balance a checkbook, comparison shop, plan a menu, complete household cleaning, etc.

In addition, IPMG encourages the implementation of state registry of employees who work with individuals with disabilities. The registry would list any employee who had a substantiated accusation of Abuse, Neglect, or Exploitation. Currently, employees who resign or are terminated due to proven ANE reports often are then hired at another agency working with individuals with disabilities.

In the IPMG survey sent out in May, respondents were asked to identify barriers to community involvement. While transportation alone was not the highest answer, those who answered staff availability, community options, and affordability also noted they did not have ways to travel to desired activities due to the cost. Particularly in more rural counties, staff are not able to afford to travel to activities and events due to the limited options available in small towns. IPMG recommends that transportation services be re-evaluated. On the waiver, the service should be reimbursed based on mileage so that individuals can attend day programs and services in neighboring counties.

If you do not feel that you are as involved in your community as you would like, what has been the primary barrier?

![Chart showing the most common barriers to community involvement.]

Individuals supported by services other than the Medical Model Waivers do not have affordable access to pest control. Once an infestation occurs, particularly with bed bugs, it is extremely
difficult for an individual with limited income to eradicate the problem. This results in the individual not only living in an infested home, but also losing access to supports and services until the pest are removed. Pests spread rapidly if not stopped in first home. Staff inadvertently spread the pests and re-infest their own homes and other individuals supported. IPMG recommends that Pest control be added to the BDDS Waivers, as well as First Steps and State Line Item funding.

IPMG supports the DDRS efforts to further expand waiver types, particularly with the potential creation of a Children’s Waiver. In our survey, families most reported the need for services that are currently not offered through the waiver programs. IPMG recommends that these services be included: Family and Caregiver training, Self-directed care, CETA (ability to pay for camps and other activities that are therapeutic and integrated), Home Modifications, additional Therapies (Aquatic, Equestrian).

IPMG recommends that the Request For Authorization Process be re-evaluated across all waiver types. These services include home, environment and vehicle modification, adaptive equipment, etc. While there was an update in 2011 to allow concrete ramps, no other changes have been made since 2007.

Currently, home modifications are not allowed as a service on the Family Supports Waiver. As families look to support their loved ones long-term in the family home, they need the ability to modify the environment to accommodate their loved one.

The growing trend in communication devices are app-based programs. These programs are less costly and easily updated. Tablets are the most recommended devices for communication yet are not able to be obtained via the waiver.

We would advocate for the RFA policy guidelines to be reviewed and updated to meet current technology advances that have occurred in the past 10 years. Improvements in communication can also have a significant impact on an individual’s ability to obtain community access and competitive employment.

There is no longer any provider who can do raised roofs and raised doors, so if an individual must remain in their wheelchair during transit, they are being forced to pay for these modifications on their own. There is no longer an option to raise a roof to make it possible for the individual to remain in their wheelchair. Based on the changes in the way vehicles currently can be modified, the policy guidelines should be updated to cover the modifications that the available providers are able to complete such as lowered floor vehicle conversions.

It would be great if this could be an added service under the PRSM code. This is a frequent request from families, particularly if their loved one has a history of elopement. They require a monthly monitoring fee, so there is not currently a way to add them to the waiver. This is a great need for many of the individuals we support, as safety is a very important concern.

In addition, with a large portion of our population aging, IPMG recommends that there is additional consideration given to examining services and supports for those at retirement age. The current waiver service model requires that individuals who need 24/7 supports continue to attend a structured day program. Their peers who do not have a developmental disability would
not continue to attend work at this age and have the ability to focus on leisure activities and families. IPMG recommends that services are more tailored to this age rage, such as funding home delivered meals, senior centers, and providing additional in home supports.

Q2 What services do you need that you are not able to access? (select all that apply):

- Residential Supports
- Therapy
- Behavioral Management
- Day Programmatic
- Transportation
- Other (please specify)

IPMG supports efforts to increase communication and collaboration across service silos, including but not limited to: Waiver Providers, First Steps, DCS, Schools, Mental Health Services, etc. Collaboration needs to occur at both the macro and micro levels of delivery. Increased communication will result in less service duplication and more focused efforts on behalf of individuals. Providers need to have training on the services offered by other departments and agencies, in order to be able to work together and to effectively communicate resource options to families.

Q6 Do you feel you would benefit from increased between collaboration between waiver providers and other supports (for example: between your case manager and First steps, the entire waiver team and school, etc.)?

- Yes
- No
In conclusion, IPMG recommends that as the Task Force develops their report, consideration is given to mechanisms and systems that would increase self-direction in service delivery while also meeting the needs of a broad scope of Hoosiers. This includes simplifying the application process by having a single point of entry; development of waiver services that are reflective of all age ranges, particularly our youngest and oldest Hoosiers; and increase communication across service silos. In addition, IPMG recommends that in order to ensure providers are able to recruit and retain quality staff the following measures be implemented: case management service rate that is reflective of the role and responsibilities of the position; competency based training for direct support professionals, and transportation costs that are based on mileage.

IPMG would like to thank the Task Force for their consideration of these recommendations.

Sincerely,

Heather Sorrells
Assistant Director
IPMG

Jennifer Lantz
Executive Director
IPMG
PUBLIC COMMENTS:

Night Owl Rest Assured support letters

- Chris Patterson Owner/Member Night Owl Support Services
- Andrew Ranck, CEO of Putnam County Comprehensive Services
- Angie Anderson, VP Community Services at SIRS
- Stan Keepes, Executive Director of The ARC of Gibson County
- Jason Meyer, President & CEO of Passages, Inc.

Received from June 19 – June 26th

Before 12 pm EST
Hi Kristina-

Please see the attached letter for written comments for the 1102 Task Force. I unfortunately will not be able to make it to the meeting in Valparaiso.

Please advise if I need to submit in another fashion.

Sincerely,

Chris Patterson
Owner/Member
Night Owl Support Systems, LLC
PO Box 259293
Madison, WI 53725
Office: 608-960-4001 ext.103
Toll Free: 877-559-1642
Mobile: 608-869-8312
Fax: 608-960-4003
nossllc.com
Dear 1102 Task Force-

The following is written in collaboration of Night Owl Support Systems, LLC (NOSS) and Rest Assured with the support of key Indiana Residential Providers.

**History**
Indiana was the first state in the country to establish Electronic Monitoring in their Waiver. NOSS and Rest Assured have been providing supports in Indiana since the inclusion of EM in the Waiver. The EM service definition in the Waiver does an excellent job of ensuring safeguards are in place for both monitoring vendors and provider agencies. The current EM service definition can be found at https://www.in.gov/fssa/files/DDRS_Waiver_Manual_MASTER%20for%20SUMMER%202016%20.pdf Section 10.9.

Monitoring technologies are tailored to individuals and their needs, and have been an ideal way to provide supports to people living alone or with a small number of other people. It historically has not been a means of support in large facilities.

**Current Status**
Collectively NOSS and Rest Assured provide monitoring support for 100’s of people and work with dozens of agencies. Over the years of supporting individuals via Electronic Monitoring, both EM companies have had minimal issues. EM companies have adapted their technology to address changing needs and worked with providers to ensure appropriate supports can be successfully accomplished remotely. A good standing relationship with providers ensures that if EM is not appropriate for an individual's supports that it is and can be discontinued.

Other providers are currently looking into implementing technology to support individuals. The increase in interest can be accounted to the shrinking staff epidemic, more options being available to support people remotely and the long-standing history of successfully supporting people with the utilization of EM.

**Staffing Crisis**
All residential providers in the state of Indiana are being faced with a staffing crisis. The needs of many people with disabilities are not going away and tend to increase with age and the workforce continues to dwindle.
The 5% rate increase to help providers give a raise to direct care staff passed in August of 2017 under the Indiana General Assembly for specific services provided under the FSW and CIH waivers is appreciated by all providers. However, providers are still faced with difficult decisions and strategies to get services in place.

**Barriers**

The following are some common barriers for the use of Electronic Monitoring:

1. Access to internet/reliable phone/cell coverage.
2. Living situations where EM is not appropriate for one of the individuals residing in the dwelling with other people who would benefit from EM.
3. Providers not having a system in place to provide an on-call backup/float staff.
4. One person on a team who does not want to move forward with technology as a means of support. This historically has been guardians and/or case managers, but has also been staff who may be facing a change in their hours. Often one person on a team can halt the implementation of Electronic Monitoring.

**Recommendations**

As a service for increasing independence at home, technology and specifically Electronic Monitoring can be a good option for individuals needing support who do not require hands-on assistance. Furthermore, it can be a means of extending providers capacity to address the increasing staff shortages that continue and will continue to be an issue to support people with disabilities.

1. Provide more training and/or other materials to case managers, families, and consumers.
2. Discuss the use of Electronic Monitoring and other technology in individual Person Center Planning meetings. Ensure EM is discussed as a legitimate option when appropriate.
3. Ohio became the first state to become a "technology first state" on May 24, 2018. The bill not only addresses that technology should be considered, but prioritized when looking at supports for people with disabilities. A copy of the recent bill can be found at: [http://dodd.ohio.gov/Communications/SiteAssets/Signed%20Executive%20Order.pdf](http://dodd.ohio.gov/Communications/SiteAssets/Signed%20Executive%20Order.pdf)

Would Indiana be willing to adopt similar bills to look at technology first?

Thank you for your considerations.

Sincerely,

Chris Patterson  
Company: NightOwl  
Date: 6-19-18

Dustin Wright  
Company: Rest Assured  
Date: 6/18/18
I am in support of this letter and recommendations to the 1102 Task Force.

Name/Position: ____________________________________________________________

Company: ________________________________________________________________

Signature: ___________________________ Date: ________________________________

Comments

                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           
Andrew Ranck <aranck_pccs@yahoo.com>

Wednesday, June 20, 2018 2:21 PM

Blankenship, Kristina

Dustin Wright; Christopher Patterson; Teresa Human

IN SUPPORT OF ELECTRONIC MONITORING

20180620113515215.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Kristina,

Please find attached a letter of support for Electronic Monitoring via Indiana's HCBS Waivers. PCCS has utilized Night Owl for several years and we have no complaints - only positive experiences. I have the distinct honor to have been the Director of Initiatives under Peter Bisbecos with DDRS when this service was rolled out. In fact, I wrote the first service definitions for this service. I am so glad it is still available on the CIH waiver and think it needs more widespread promotion. It's a two-fer really - increased independence AND less staff reliance while we are in a DSP hiring crisis.

Andrew Ranck
CEO Putnam County Comprehensive Services
Dear 1102 Task Force-

The following is written in collaboration of Night Owl Support Systems, LLC (NOSS) and Rest Assured with the support of key Indiana Residential Providers.

**History**
Indiana was the first state in the country to establish Electronic Monitoring in their Waiver. NOSS and Rest Assured have been providing supports in Indiana since the inclusion of EM in the Waiver. The EM service definition in the Waiver does an excellent job of ensuring safeguards are in place for both monitoring vendors and provider agencies. The current EM service definition can be found at [https://www.in.gov/fssa/files/DDRS_Waiver_Manual_MASTER%20for%20SUMMER%202016%200.pdf](https://www.in.gov/fssa/files/DDRS_Waiver_Manual_MASTER%20for%20SUMMER%202016%200.pdf) Section 10.9.

Monitoring technologies are tailored to Individuals and their needs, and have been an ideal way to provide supports to people living alone or with a small number of other people. It historically has not been a means of support in large facilities.

**Current Status**-
Collectively NOSS and Rest Assured provide monitoring support for 100's of people and work with dozens of agencies. Over the years of supporting individuals via Electronic Monitoring, both EM companies have had minimal issues. EM companies have adapted their technology to address changing needs and worked with providers to ensure appropriate supports can be successfully accomplished remotely. A good standing relationship with providers ensures that if EM is not appropriate for an individual's supports that it is and can be discontinued.

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**Recommendations-**

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Would Indiana be willing to adopt similar bills to look at technology first?

Thank you for your considerations.

Sincerely,

Chris Patterson

Company: NightOwl  Date: 6-19-18

Dustin Wright

Company: Rest Assured  Date: 6/18/18
I am in support of this letter and recommendations to the 1102 Task Force.

Name/Position: Andrew T. Ranck CEO

Company: Putnam County Comprehensive Services, Inc.

Signature: [Signature] Date: 6/20/18

Comments
Blankenship, Kristina

From: Angie Anderson <angie.anderson@sirs.org>
Sent: Thursday, June 21, 2018 9:43 AM
To: Blankenship, Kristina
Subject: letter of support
Attachments: EM letter of support.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Please find attached my letter of support for Electronic Monitoring.

Thank you!

Angie Anderson, VP of Community Services
Southern Indiana Resource Solutions
706 Woodlawn Drive
Jasper, IN 47546
812-634-2617 x2010
angie.anderson@sirs.org
Dear 1102 Task Force-

The following is written in collaboration of Night Owl Support Systems, LLC (NOSS) and Rest Assured with the support of key Indiana Residential Providers.

History
Indiana was the first state in the country to establish Electronic Monitoring in their Waiver. NOSS and Rest Assured have been providing supports in Indiana since the inclusion of EM in the Waiver. The EM service definition in the Waiver does an excellent job of ensuring safeguards are in place for both monitoring vendors and provider agencies. The current EM service definition can be found at https://www.in.gov/fssa/files/DDRS_Waiver_Manual_MASTER%20for%20SUMMER%202016%20.pdf Section 10.9.

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Chris Patterson
Dustin Wright

Company: NightOWL Date: 6-19-19
Company: Rest Assured Date: 6/18/18
I am in support of this letter and recommendations to the 1102 Task Force.

Name/Position: Angie Anderson, VP of Community Services
Company: SIF
Signature: [Signature]
Date: 6-20-18

Comments
From: Stan Keepes <stan.keepes@arcofgibsoncounty.org>
Sent: Monday, June 25, 2018 9:36 AM
To: Blankenship, Kristina
Subject: FW: Message from "RNP0026737AEEAE"
Attachments: 20180625083658866.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Attached is my signed letter of support for electronic monitoring services. Thank you,

Stan Keepes, Executive Director

The Arc of Gibson County
P.O. Box 5
Princeton, IN 47670
812-386-6312

-----Original Message-----
From: centralofficereception@garc.org [mailto:centralofficereception@garc.org]
Sent: Monday, June 25, 2018 7:37 AM
To: Stan Keepes
Subject: Message from "RNP0026737AEEAE"

This E-mail was sent from "RNP0026737AEEAE" (MP C3003).

Scan Date: 06.25.2018 08:36:58 (-0400)
Queries to: centralofficereception@garc.org

(continued)
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Name/Position: STAN KEEPES

Company: THE ARC OF GIBSON COUNTY

Signature: [Signature]

Date: 6-25-2018

Comments
Kristina,

I hope your afternoon is going well.

Please see the attached letter of support for NOSS and Rest Assured and advise if you have any questions.

See you on Wednesday and thank you for all you do!

Jason

Jason Meyer
Passages, Inc.
President & CEO
301 West Van Buren Street, Suite 201
Columbia City, IN 46725
260-244-9310
jmeyer@passagesinc.org
www.passagesinc.org

Join the Passages Family Today: http://passagesinc.org/employment-application/
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Sincerely,

Chris Patterson
Company: Nightowl Date: 6/19/18

Dustin Wright
Company: Rest Assured Date: 6/18/18
I am in support of this letter and recommendations to the 1102 Task Force.

Name/Position: Jason Meyer - President & CEO

Company: Passages, Inc.

Signature: [Signature]

Date: 6-25-2018