DDRS Advisory Council

Wednesday, February 21, 2024

Livestream







ALL people are empowered to live, love, work, learn, play and pursue their dreams.



Agenda Item	Time	Discussion Leader
Welcome, Introductions, and Video	10:00am-10:10	Noah Upchurch Jessica Harlan-York
Medicaid Forecast and Waiver Updates	10:10-10:45	Kelly Mitchell Cathy Robinson
BCDS Update	10:45-11:15	Christina Commons
2023 Arc's National Conference Highlights	11:15-11:30	Shawn Fulton
DDRS Advisory Council By Laws Discussion	11:30-11:40	Jessica Harlan-York
IPP and Transformation Grant Update	11:40-11:55	Jessica Harlan-York Kyle Ingram
Conclusion	11:55-12:00pm	Jessica Harlan-York







Medicaid Forecast and Family and Social Services Administration's HCBS Waiver Update

DDRS Advisory Council February 21, 2024

Agenda

- Drivers of Medicaid Forecast Variance
- Key Strategies
- Clarifications Regarding Waiver Strategies
- Timeline for Waiver Amendment
- Waiver Redesign Update
- Questions



Drivers of Forecast Variance



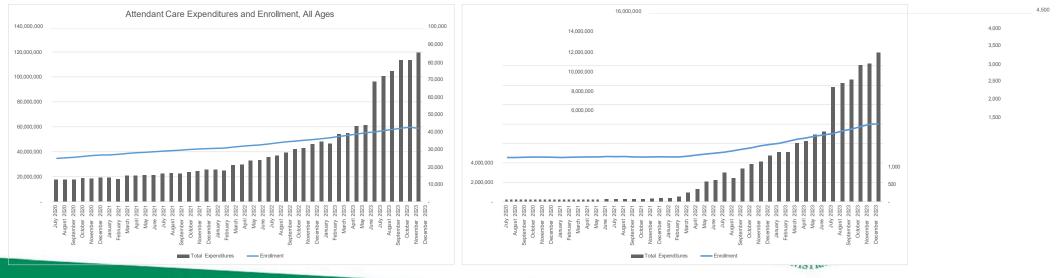
- Decrease in Federal FMAP
- Pharmacy Rebates
- Medicare Part D Clawback
- Delayed Implementation of ABA Rates
- Unanticipated Growth in Enrollment and Utilization
 - A&D Waiver
 - ATTC

Aged and Disabled waiver

Attendant Care Expenditures – all providers - reflecting 48% rate increase effective July 1, 2023

The Aged and Disabled waiver has been experiencing significant growth of Attendant Care Expenditures

- Growth is especially large in the pediatric population, and for high utilizers (40 to 60 hours or >60 hours per week)
- Tied to operational changes facilitating Attendant Care payment to Legally Responsible Individuals (LRIs), such as parents, spouses, and legal guardians, without explicit limits on hours for which they can be paid



5,000

Note: Expenditures may be undearstated for recent months: Graphs illustrate claims submitted through mid-January 2024 with no adjustment for completion as more claims are submitted in coming weeks.

Broad Strategies to Minimize Impact



HCBS Enhanced FMAP reallocation
 Pause on 2% rate indexing

Key Strategies to Address Forecast



- Waiver
 - Review of Service Plans and Reduction of Auto Approval
 - Ensure Service Definition Compliance
 - Structured Family Caregiving Provision for Legally Responsible Individuals
 - Pediatric Eligibility: Training, Reviews, and Future Planning
 - Individual Must Meet Nursing Facility Level of Care (NFLOC)
 - Expedited Waiver Eligibility Pause
 - Waiver Slots



- The Waiver and the Services Offered WILL continue:
 - The A&D Waiver will be separated into two waivers and renamed July 1, 2024:
 - Health and Wellness Waiver (Individuals 59 and under who meet NFLOC)
 - Pathways (Individuals 60 and older who meet NFLOC)
 - Attendant Care (ATTC) WILL REMAIN a service



- Legally Responsible Individuals (LRIs) can continue to provide ATTC through June 30, 2024.
- LRIs may be compensated for services through Structured Family Caregiving (SFC) July 1, 2024, and after.
- LRI compliance applies to the A&D Waiver and TBI Waiver
- Members currently receiving Attendant Care by a paid LRI have choices;
 - Attendant Care provided by a non-LRI
 - LRI continue to provide paid support through SFC

Overview of Attendant Care and Structured Family Caregiving



Aged & Disabled (A&D) Waiver Attendant Care and Structured Family Care Overview (in.gov)

Home and Community Based Services (HCBS) Waiver Transition

What is happening?

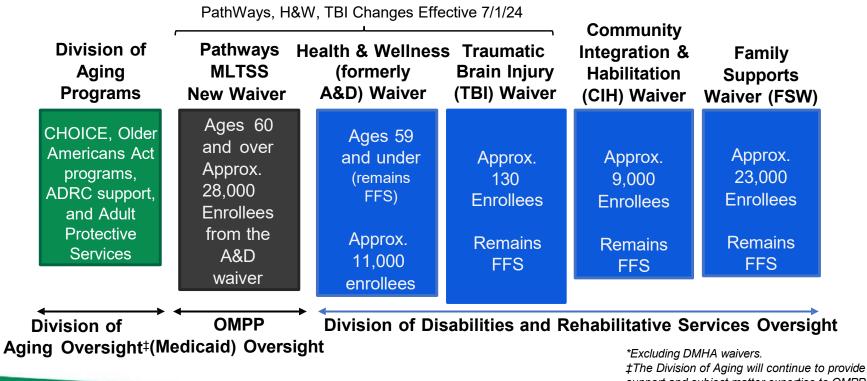
Individuals aged 60 and above enrolled in the Aged & Disabled Waiver will transition to the Indiana PathWays for Aging waiver program as announced in 2022. The Aged & Disabled waiver for ages 59 and under will become the Health & Wellness waiver. <u>Waiver services will remain aligned for both of these waivers</u>. Individuals who are identified to move to the PathWays for Aging program will be notified in writing.

What is the overall objective?

To foster a positive and smooth experience for waiver recipients and providers by enhancing A&D and TBI waiver structure through the transition across divisions; by March 2024, submit final waiver amendments.



Future FSSA HCBS Programs^{*}





Public Comment Period Closed 2/16/24

- The Family Supports (FSW) waiver
- The Community Integration and Habilitation (CIH) waiver
- The Traumatic Brain Injury (TBI) waiver
- The Health and Wellness (H&W), formerly known as the A&D waiver (for those under age 60)
- The PathWays 1915(b)/(c) waivers (including those served by A&D waiver for those aged 60+)
- The Hoosier Care Connect (HCC) waiver

Public Comment Period	01/17/24-02/16/24
Waiver Effective Date	07/01/2024



Waiver Redesign

- Waiver Integration & Alignment
- Waiver Redesign & Reset
 - Stakeholder Input





Questions

- Kelly Mitchell, DDRS Director
- Cora Steinmetz, OMPP Director



DDRS Advisory Council Update

February 21, 2024

2024 Bureau Priorities

Policy

- Comprehensive policy manual outline/table of contents

 Inventory of federally aligned vs state specific policies what do we have vs what do we need
- Federal monitoring preparation and participation
- Meaningful family engagement though quarterly meetings

Training

- Completion of Service Coordinator onboarding modules
- Further development of modules for providers
- Development of tiered technical assistance

2024 Bureau Priorities

EI Hub

- Priority to improve user experience
- Streamlines business processes and creates the efficiencies it has the potential to introduce
- Vendor accountability

Capacity Building

- Ongoing recruitment and retention efforts
- Improved compliance around timely IFSP and start of services



Federal Monitoring

OSEP Engagement 2024

- Document Request March June
- Onsite August 19-21
- Findings Letter 180 days from onsite

Stakeholder participation

- Federal monitoring calls and onsite visit
- Reflection on federal findings letter and provide recommendations for State based upon any findings

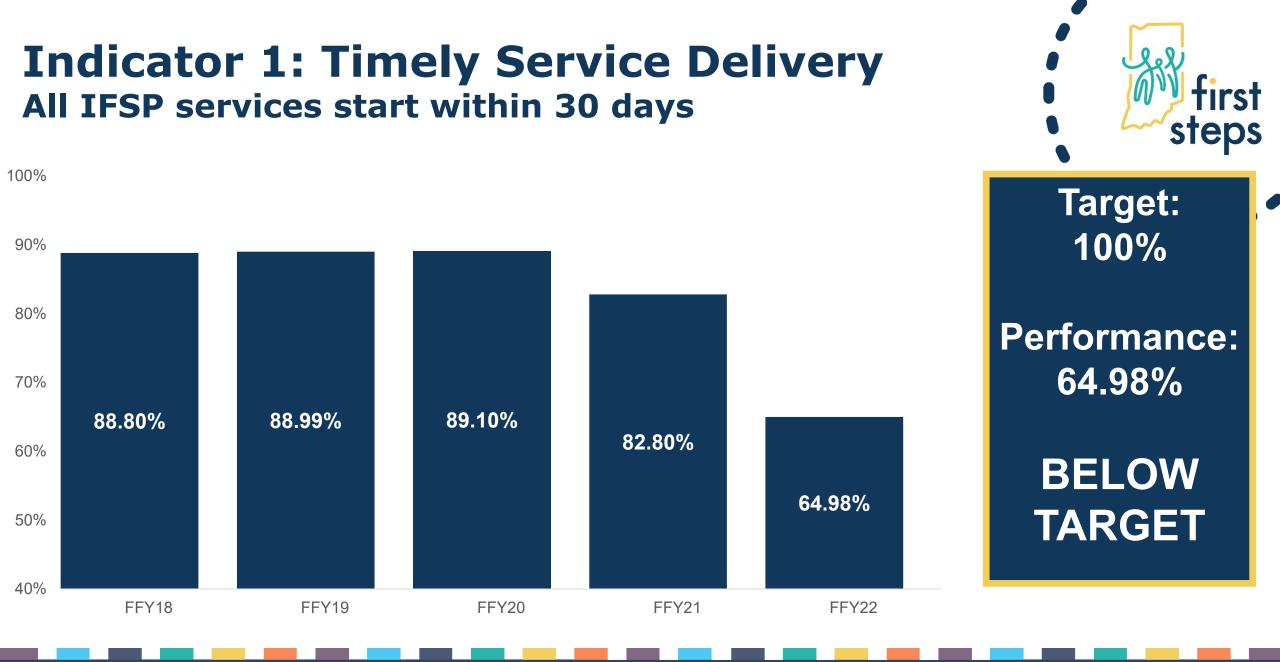


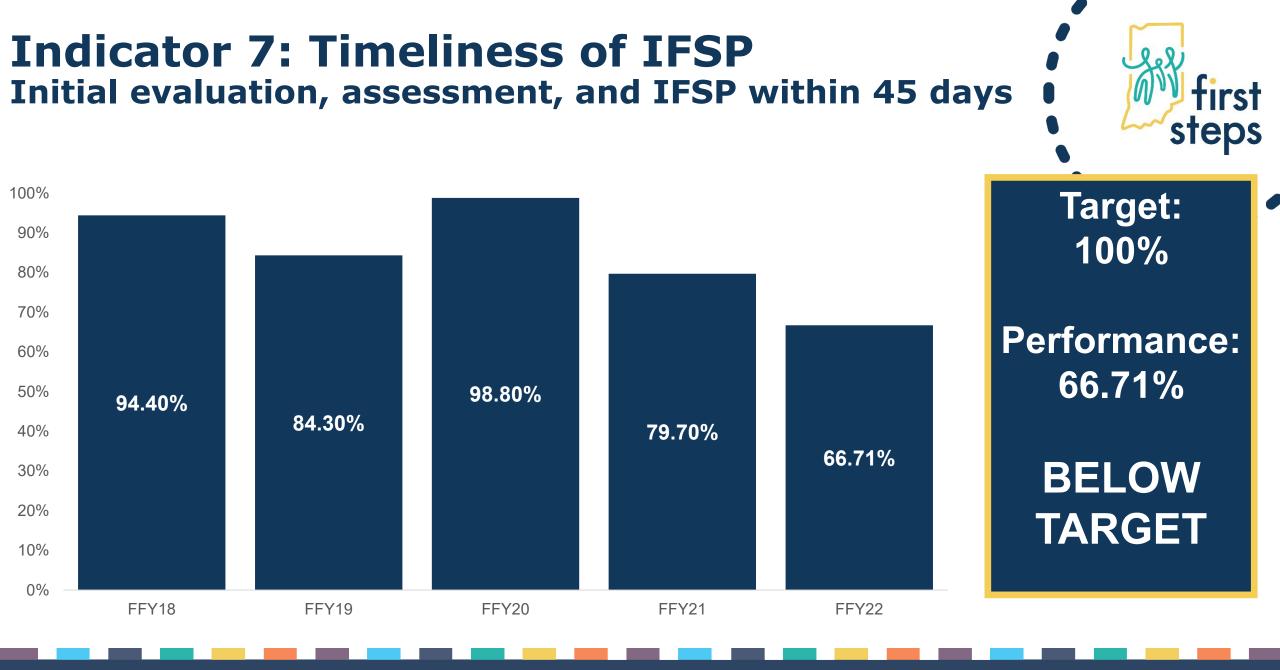
Personnel Data – Point in Time

	May 1, 2023 – July 31, 2023	Aug 1, 2023 – Oct 31, 2023
# of unique active providers enrolled in FS – Service Coordinators	252	256
# of unique active providers enrolled in FS – Service Providers	1811	1852
# of unique providers billing	1,614 (89.1%)	1,708 (92.2%)
# of unique billable hours	177,085 hours	188,776 hours



2/21/2024





IDEA Part C

Education (10)

Maryland

Michigan Maine

Oregon

lowa

South Dakota

Minnesota

Oklahoma

Missouri

District of Columbia



Percentage of all children birth to three receiving services by Lead Agency (Single day count 10/1 - 12/1/2022)

4.01% national average

47% of Health Lead Agencies meet/exceed the national average
20% of Education Lead Agencies meet/exceed the national average
48% of Other State Agency Leads meet/exceed the national average

Health (19)	
Massachusetts	10.40
West Virginia	8.51
Wyoming	6.28
New Hampshire	6.04
New Jersey	5.61
Kansas	5.41
New York	5.05
South Carolina	4.91
Delaware	4.90
Puerto Rico	3.79
Utah	3.69
Louisiana	3.49
Wisconsin	3.46
Hawaii	3.28
Kentucky	3.12
North Carolina	2.92
Florida	2.69
Georgia	2.33
Mississippi	1.61

= At risk

=Birth Mandate

5.12

4.63

3.94

3.92

3.48 3.38

3.37

3.14 2.76

1.78

New Mexico	11.20
Vermont	6.79
Rhode Island	6.14
Pennsylvania	6.11
Indiana	5.93
North Dakota	5.71
Connecticut	4.94
Washington	4.49
California	4.44
Virginia	4.12
Illinois	4.11
Tennessee	3.93
Colorado	3.88
Idaho	3.48
Ohio	3.46
Nebraska	3.24
Nevada	3.2
Alaska	3.12
Texas	2.85
Alabama	2.53
Arizona	2.35
Montana	2.00
Montalia	

Note:

The percentages reflect the total count including at-risk

All states that are not Health or Education leads are clustered under Other. This includes co-leads, early childhood, developmental diasabilities etc.

Sources: U.S. Department of Education, EDFacts Metadata and Process System (EMAPS): "IDEA Part C Child Count and Settings Survey," 2022. Data extracted as of August 30, 2 U.S. Bureau of the Census. "2022 State Population Estimates by Age, Sex, Race, and Hispanic Origin". Data accessed August 30, 2023 from http://www.census.gov/popest

IDEA Part C

Cat



Percentage of all children under the age of three receiving services by Eligibility (Single day count 10/1-12/1/2022)

= 4.01% national average

Category A Eligibility	(17)	Mas
New Mexico	11.20	Wes
Vermont	6.79	Wyo
Pennsylvania	6.11	Rhc
Kansas	5.41	Nev
District of Columbia	5.12	Indi
Delaware	4.90	Nor
Maryland	4.63	Nev
Washington	4.49	Cali
√irginia	4.12	Illin
Michigan	3.92	Ten
Colorado	3.88	Pue
Wisconsin	3.46	Uta
Hawaii	3.28	Ohi
Гехаз	2.85	Sou
owa	2.76	Neb
Alabama	2.53	Min
Arkansas	1.18	Nor
		Miss

tegory B Eligi	bility (19))	
ssachusetts	10.40		
est Virginia	8.51		
oming	6.28		
ode Island	6.14		
w Hampshire	6.04		
liana	5.93		
rth Dakota	5.71		C
w York	5.05		N
ifornia	4.44		C
nois	4.11		So
nnessee	3.93		M
erto Rico	3.79		Lo
h	3.69		Id
io	3.46		М
uth Dakota	3.37	-	0
braska	3.24	-	N
nnesota	3.14		A
rth Carolina	2.92		K
sissippi	1.61	1	FI
	-		A

= At risk

= Birth Mandate

New Jersey	5.61	
Connecticut	4.94	
South Carolina	4.91	
Missouri	3.94	
Louisiana	3.49	
Idaho	3.48	
Maine	3.48	
Oregon	3.38	
Nevada	3.20	
Alaska	3.12	
Kentucky	3.12	
Florida	2.69	
Arizona	2.35	
Georgia	2.33	
Montana	2.00	
Oklahoma	1.78	

53% of Category A states meet/exceed the national average 53% of Category B states meet/exceed the national average

19% of Category C states meet/exceed the national average

Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain,20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains.

Category B: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain.

Category C: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, 2 standard deviations in two or more domains.

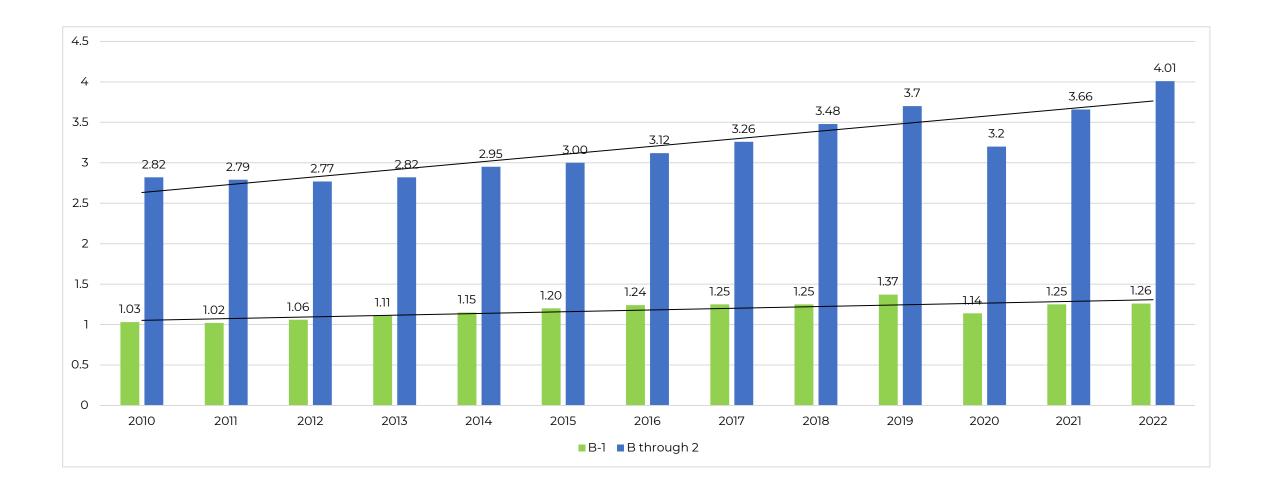
Notes:

The percentages reflect the total count including at-risk

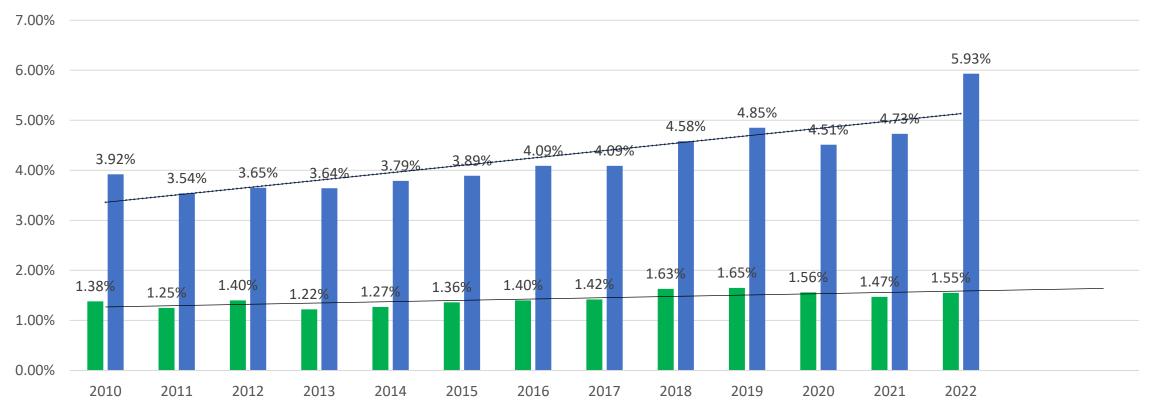
States self declare the category that most closely aligns with their eligibility criteria

•Eligiblity categories were established by the ITCA Data Committee as of 2010.

National Child Count Trend

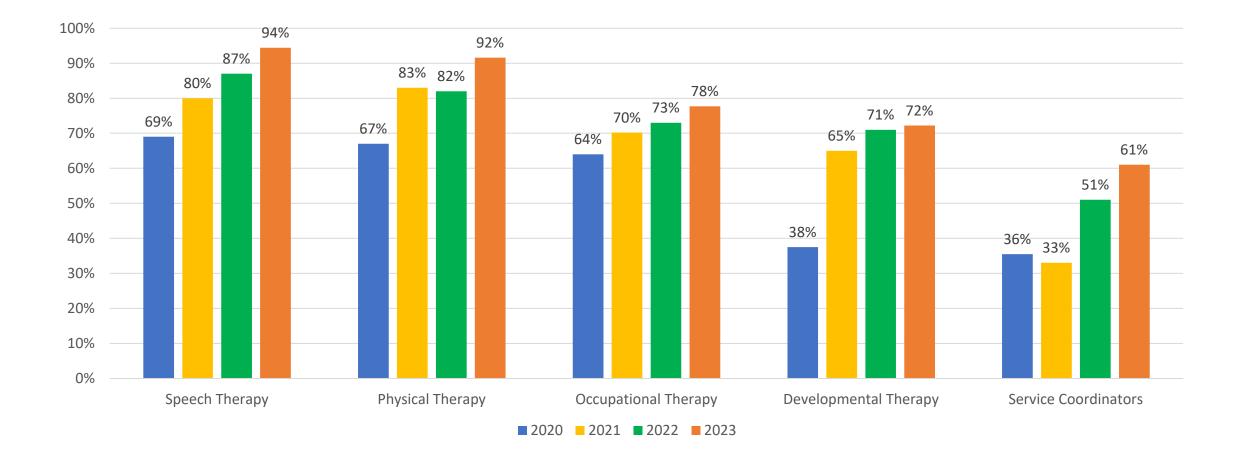


Indiana Child Count Trend



■ B-1 ■ B-3

National Part C Provider Shortages



2024 Data Analytics Goals

- Explore raw data tables
- Complete preliminary analysis of data quality
- Identify and create 2 data dashboards
- Establish a set of reports that are auto created for local program use
- Collaborate with DDRS Data Analyst on Division data reporting



Highlights Include...

Keynote Speakers:

- Junlei Li
- Tamar Jacobson

Pre-Conference:

- FGRBI Fast Track
- High Quality Outcomes Training for Service Coordinators
- Infant and early childhood mental health reflective supervision/consultation

In-person and Mini Virtual attendance options

Indiana Early Intervention Conference 2024

Conference website: https://earlyintervention.iu.edu/

Thank you!





Christina Commons First Steps Director

Bureau of Child Development Services

Indiana Family & Social Services Administration Division of Disability & Rehabilitative Services 317-234-1142 <u>Christina.Commons@fssa.in.gov</u> @FirstStepsIndiana



Self-Advocate National Conference Highlights



DDRS Advisory Council By Laws Jessica Harlan-York, COO, DDRS



Transformation Grant Updates

Kyle Ingram, Director of Policy and Strategic Initiatives, DDRS



Transformation Grant Update

- 16 Full Proposals
 - Reviewed and Approved
- 11 Full Proposals
 - In Review
- 5 Draft Proposals
 - Review Pending Submission



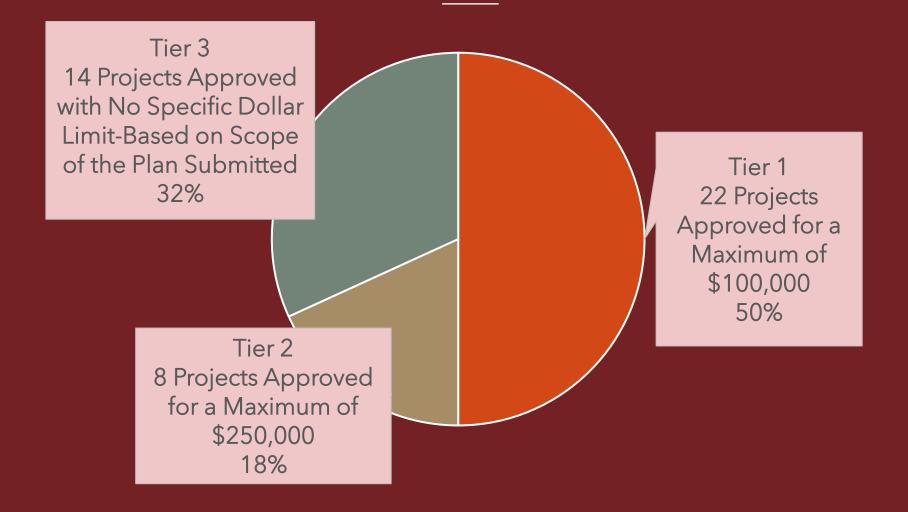
Innovation Pilot Project Grant Updates

Jessica Harlan-York, Chief Operating Officer, DDRS

IPP FUNDING TIERS

44 Projects were divided into three funding tiers to allow the maximum number of IPPs to be funded.

These funding levels were determined by BDS based on the scope of the project and estimated funding necessary.



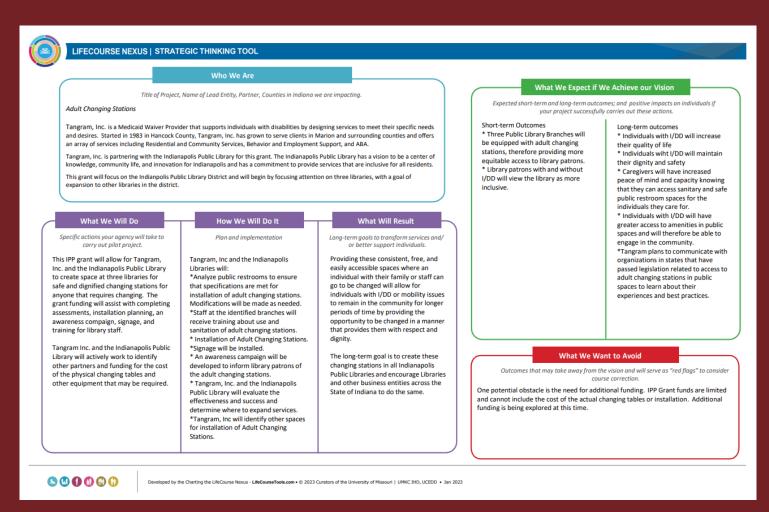
WE CREATED 5 IPP FOCUS AREAS FOR IPPS

Total of 44 Projects



IPP GRANTEES UTILIZED PERSON-CENTERED LIFECOURSE NEXUS TOOLS

AND SUBMITTED EASY REFERENCE, ONE-PAGE PROJECT PLANS WITH THEIR SUBMISSIONS



HTTPS://WWW.LIFECOURSETOOLS.COM/LIFECOURSE-LIBRARY/FOUNDATIONAL-TOOLS/PERSON-CENTERED/

EACH IPP GRANTEE PARTICIPATED IN A WEBINAR TO INTRODUCE THEMSELVES AND PROJECT PLANS

IPP Webinars



ArbitrandOrder Frager HOSTED SHARE LIVING Durgerin Isdaw

IPP Webinar: NOSS, Keys to Success, Resounding Joy (May 1, 2023)

IPP Webinar: Abby Key, Hillcroft, Dungarvin, New Star (May 3, 2023)



IPP Webinar: Stone Belt, Tendercare, Arc of Boone County, GXO (May 8, 2023)



IPP Webinar: Tangram, Morning Light, LEL, Easterseals Arc NE (May 10, 2023)



IPP Webinar: EGTI, New Horizons, Safe in Home, Wabash (May 16, 2023)



IPP Webinar Insights, Kestrel, StationMD, Optimal Access (May 19, 2023)



IPP Webinar: Connections, Sycamore (June 1, 2023)



IPP Webinar: DSI, Advocacy Links, Crossroads, Arc of Evansville (June 5, 2023)



IPP Webinar: Communicare, Hands in Autism, Balanced Cents, Abundat Quality Care (June 6, 2023)



IPP Webinar: Booth and Co, IPMG, REACH, SIRS 1 (May 23, 2023)



IPP Webinar: Pure Abilities, Logan, VOA, INF2F 1 (May 24, 2023)



BUILDING CAPACITY BEYOND IPP GRANTS

- Charting the LifeCourse Framework Ambassador Series offered to all grantees.
- Hosting CtLC Person-Centered Roundtables
 - Facilitated conversations for Grantees to further explore key components of PC organization.
 - What is explored during each session: Understand the elements and indicators of personcenteredness in this key area; discuss practical strategies for building person-centered practices in day-to-day work; hear highlights and best practices from other provider organizations for inspiration and information; and interact with one another to celebrate successes, share ideas, and address challenges.
 - Examples of key area topics include: Involvement of People and Families in Organizational Strategy; Establishing Partnership, Teamwork, Facilitation and Coordination; and Communication.



"This funding and these projects are incredible, what a great source of inspiration for our entire community."

HIGHLIGHTS





NEXT STEPS

- Continuing virtual and in person site visits
- Each IPP grantee is creating short video to share their project and successes so far.
- Planning next in person IPP Summit
- Evaluation
 - Each Grantee is required to conduct their own evaluation. However, DDRS will conduct post-project evaluation activities on all funded IPPs to determine whether the project achieved the intended outcomes and the feasibility of including similar supports or services within future systems changes or future HCBS waiver services.

FOR UPDATES!

• Visit our IPP Webpage for additional information! <u>IPP Webpage</u>

Follow BDS on Facebook! <u>BDS Facebook</u>

• Subscribe here for DDRS Updates! <u>DDRS Updates</u>

• Email <u>bds.help@fssa.in.gov</u> if you have any questions or thoughts!

2024 DDRS Advisory Council Schedule

January 17, 2024	Virtual		BDS
February 21, 2024	Virtual		BCDS
April 17, 2024	In Person	IGCS Conference Room A	BRS
May 15, 2024	Virtual		BDS
June 19, 2024	In Person	IGCS Conference Room B	BCDS
August 21, 2024	Virtual		BRS
September 18, 2024	In Person	IGCS Conference Room A	BDS
October 16, 2024	In Person	IGCS Conference Room A	BCDS
November 20, 2024	Virtual		BRS

Reminder: No meeting in March, and April is in person!



