



1102 Task Force Recommendations

Items Deemed by DDRS as Completed or Action Plan in Place are denoted with blue font. (7/1/2023)

Goal 1: Prioritize community settings and individualized approaches.

1102 Task Force Recommendation 1.1 The Division of Disability and Rehabilitative Services develop a Medicaid HCBS waiver system with a full array of services and tiered supports to ensure flexibility of services and systems to meet the unique needs of all individuals served, accounting for age, family and community support systems, behavioral and mental health needs, and health factors.

Division Status:

- The Division has a plan and timeline for waiver redesign and integration of the current A&D Waiver (59 and under) and the Traumatic Brain Injury Waiver. An internal workgroup, supported through contractual SMEs, meets weekly to operationalize plans for waiver redesign to better support individuals. The Division continues to engage and communicate with stakeholders through Building Bridges sessions, self-advocates of Indiana, Advocacy Organizations (ARC of IN, etc), Providers and Provider Associations, Path Forward document, and other opportunities for public comment. The timeline includes targets for waiver amendment submissions.
- The Division is also supporting demonstration projects to inform waiver redesign through ARPA funding Innovation Pilot Projects.

1102 Task Force Recommendation 1.2 An appropriation, to be known as the 1102 IDD Task Force Community Living Expansion Initiative, to fund Medicaid HCBS waiver slots for non-emergency priority placement using criteria developed by the Division of Disability and Rehabilitative Services to allow some level of expansion of individuals seeking to live in the community, away from their family, while creating the opportunity for families to support individuals in making this transition to living away from their family.

1102 Task Force Recommendation 1.3 Modifying current legislation dictating waiver placement priority to current Medicaid HCBS waivers.

Division Status:

- DDRS Plan and Timeline developed for Waiver integration and redesign to include restructuring of current Waiver array.

1102 Task Force Recommendation 1.4 The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign.

Division Status:

- The Division incorporates a regular process for stakeholder engagement through Building Bridges sessions. In addition, DDRS is utilizing the DDRS Advisory Council and several workgroups with a diverse representation to assist with waiver redesign.
- Innovation Pilot Projects are engaging providers, private entities, advocacy organizations, and other stakeholders to inform waiver redesign.

1102 Task Force Recommendation 1.5 Increasing funding for Vocational Rehabilitation Services to ensure the program can address the fiscal deficit, increase Vocational Rehabilitation Services staffing resources, ensure appropriate reimbursement rates for providers to cover costs and recruit and retain staff, and allow expansion and innovation of Pre-Employment Transition Services.

Division Status:

- Reimbursement rates were increased April 1, 2022; the Bureau of Rehabilitation Services is also exploring value-based payment models to improve competitive integrated employment outcomes. FSSA has committed to a regular review of rates no less than every 4 years.

1102 Task Force Recommendation 1.6 It is important that Indiana create an economy and workforce where youth and adults with disabilities, including individuals with significant disabilities, have real opportunities to become competitively employed, use their talents and skills, work alongside other Hoosiers, and earn meaningful, competitive wages, consistent with a person's right to make an informed choice about employment options that meet their needs and preferences. The 1102 Task Force supports the efforts of the Indiana Rehabilitation Commission and DDRS to implement Employment First in Indiana and encourages their efforts to develop policies, practices, and service delivery models to facilitate increased competitive employment options as the first and preferred outcome of services for people with disabilities.

Division Status:

- The Division is engaged in and committed to multiple activities to support this outcome. The DDRS System Transformation Plan recognizes and incorporates the values of the Employment First Plan. BRS/VR supports PRE-ETS and Supported Employment + opportunities. DDRS is engaging with SELN (supported employment leadership network) to explore and develop policies and procedures to effectuate improved employment outcomes for individuals with disabilities. DDRS is working with IDR and the Centers for Public Representation (CPR) to explore and identify support models that improve and support competitive integrated employment outcomes.

1102 Task Force Recommendation 1.7 The development and promotion of public and private sector partnerships that support youth acquiring work experiences, skills, and access to resources and programs that lead to a successful transition from school to competitive employment or additional education. Strong transition partnerships should be considered as part of any new Medicaid HCBS waiver design and services offered.

Division Status:

- An integral part of the ARPA-funded DDRS Employment Redux Plan is the “Seamless Transition” project. DDRS is partnering with Department of Education (DOE) and LEAs throughout the state to identify best practices and improve the transition process for students with disabilities. Pilot sites have been and continue to be identified.
- BRS/VR continues to expand opportunities through the Pre-ETS program focused on supporting youth in transitioning to successful post-secondary outcomes.
- DDRS/BDS efforts in waiver redesign include a focus on identifying appropriate services and support for competitive integrated employment outcomes.
- DDRS efforts in system transformation include a focus on aligning and braiding services and support across the bureaus housed within the Division (First Steps, BRS, and BDS) to support and improve competitive integrated employment outcomes.

1102 Task Force Recommendation 1.8 Developing, expanding, and promoting housing options, especially permanent support housing, for all people with disabilities that allows for informed choice for them to attain affordable, accessible, and integrated housing in communities they choose to live in (rural or metropolitan). As options are being developed, the Task Force encourages the modernization of housing development projects to reflect current technology and the modernization of existing housing resources and programs at both the federal and state levels, addressing the need to continue to use shared service support.

Division Status:

- DDRS/BDS recently increased reimbursement rates for Structured Family Caregiving (Shared Living) in response to feedback from individuals and providers.
- DDRS/BDS is working with stakeholders to define and provide guidance regarding housing developments, provider-owned and controlled settings, and intentional communities.
- DDRS continues partnership with the IHCD to support innovation in housing and community development.

1102 Task Force Recommendation 1.9 The Division of Disability and Rehabilitative Services develop and adopt a Shared Living model, as a residential service option, which resembles the most successful Shared Living programs in the United States such as Colorado and Pennsylvania. The current Structured Family Care Giving model used by Indiana does not provide the proper reimbursement methodology to provide the robust supports needed and displayed in the most successful models around the country. Therefore, the Task Force also recommends the Shared Living program use the same algorithm level structure as other Medicaid HCBS waivers versus the current tiered structure of Indiana's current Structured Family Care Giver program. It is also the recommendation of the Task Force that the Shared Living program ensure participants have access to the same services available to people who utilize current residential services such as day services, music therapy, and Wellness Coordination, in addition to the daily rate funding needed for the Shared Living program itself.

Division Status:

- Rate were increased for Structured Family Caregiving as part of the HCBS Waiver Rate Methodology and Review completed 7/1/2023.
- ARPA-funded Innovation Pilot Projects are focused on shared living and other innovative structures for residential support to inform waiver redesign.
- DDRS/BDS leadership garnered input from SFC providers regarding opportunities, and service definition/rebranding is part of waiver redesign efforts.

1102 Task Force Recommendation 1.10 Given the historic trend of reduced use of settings with institutional funding, Indiana review those settings (i.e., ICF/IDDs, nursing facilities, and state operated facilities) with a focus to modernize the system and potentially reduce the number of institutional settings for individuals with IDD. The review will include a group of stakeholders including self-advocates, advocacy organizations, state regulatory agencies, provider organizations and representatives of the 1102 Task Force. No later than December 31, 2020, the stakeholder group will develop a plan to:

1. Assess the needs of individuals in the system and the needs of individuals not currently in the system;
2. Determine the needs and desires of those individuals currently living in settings with institutional funding and how to transition them out of those settings if appropriate and their desire;

3. Assist providers who choose to voluntarily convert their ICF/IDDs into HCBS settings;
4. Determine the number of settings and type of settings with focus on eliminating unnecessary settings; Based on the above determination, identify the service needs of individuals served in settings with institutional funding and how the Indiana model can improve quality outcomes for those served; and,
5. Ensuring that all living settings are provided with informed choice at every level inclusive of person-centered thinking and principles including living situations, housemates, and types of services.

Division Status:

- FSSA/DDRS is launching a SGL (Group Home) Modernization project utilizing a workgroup representative of FSSA leadership and stakeholders to design a system to better reflect and support the needs of the current population seeking services through BDS. This includes:
 - Assessing the individuals currently in the system and those seeking services;
 - Exploring means to assist SGL providers in conversion to HCBS settings;
 - Identifying paths and support for transformation/conversion of current SGL inventory to better support individuals who would benefit from the structure setting;
 - Identifying avenues to better support/facilitate movement from nursing facilities to SGL or HCBS settings;
 - Exploration of avenues to support individuals with complex needs.

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

1102 Task Force Recommendation 2.1 The Division of Disability and Rehabilitative Services and the Indiana Housing and Community Development Authority coordinate and collaborate on improving Indiana 211 for disability-specific information and referrals to ensure information system are accessible, reliable, and responsive to the needs of individuals and families when seeking such information. These efforts should be made to improve access and consistency of information for individuals and families regarding disability services and resources across the state.

Division Status:

- 211 funding increased to better support consistent information systems. 211 and DDRS routinely collaborate on avenues to improve access for individuals and families regarding disability services and resources.

1102 Task Force Recommendation 2.2 The representative of a provider of Vocational Rehabilitation Services for people with disabilities and, a representative of the Bureau of Rehabilitation Services to the Governor’s Workforce Cabinet.

Division Status:

- BRS Director Theresa Koleszar is seated on the Governor’s Workforce Cabinet

1102 Task Force Recommendation 2.3 People with IDD, or their interests, are included in the state’s initiatives related to the development and use of driverless vehicle technology in Indiana, to ensure it advances freedom and connectivity to community for people with disabilities.

1102 Task Force Recommendation 2.4 Developing transportation strategies promoting independence and employment through collaborative efforts of key stakeholders and public-private partnerships across rural and urban areas. This may include addressing multijurisdictional issues; encouraging more funding for public transportation models; working with state and local transportation boards to ensure

representation of individuals with disabilities; improving existing infrastructure to be fully accessible; facilitating the use of private ride sharing systems; and encouraging the development of innovative options such as driverless vehicles.

1102 Task Force Recommendation 2.5 Maximizing the incorporation of technology in the delivery of services to people with disabilities to increase individuals' access to community services, natural supports, and assist in addressing the direct support professional workforce shortage.

Division Status:

- Remote Supports expanded to FSW;
- Several Innovation Pilot Projects focused on the utilization of technology in the delivery of services to people with disabilities to inform Waiver redesign;
- Waiver redesign focused on redefining remote supports and potential incorporation of Appendix K flexibilities.
- Telehealth legislation passed in 2022, expanding utilization of virtual support/options.

1102 Task Force Recommendation 2.6 In collaboration with stakeholders, Indiana shall explore, expand, and promote workforce initiatives to help employers in hiring individuals with disabilities to create an inclusive workforce, which may include access to tax incentives, recruitment and retention strategies, training resources, etc.

Division Status:

- 2023 Legislation passed for tax incentives and DWD Pilot Project ;
- ARPA-funded DDRS Employment Redux project;
- BRS Supported Employment + grant;
- ARPA-funded Innovation Pilot Projects to inform waiver redesign;
- Partnership with ARC EGTI;
- DDRS engaged with Supported Employment Leadership Network (SELN) through NASDSS for technical assistance in improving employment outcomes for individuals with disabilities.

Goal #3: Respond to individual and family needs.

1102 Task Force Recommendation 3.1 Since investing in early childhood development is more effective and less costly than addressing problems at a later age and due to increased referrals for early intervention services, the First Steps program receive enhanced funding in order to sustain a high quality early intervention program for the children and families it serves.

Division Status:

- Reimbursement rates for First Steps services and System Points of Entry (SPOE) were implemented January 2023. The increase in SPOE contracts requires increase in number of Service Coordinators/reduction of SC caseloads.

1102 Task Force Recommendation 3.2 The creation of a services and support system that supports and promotes self-advocacy, independence, and informed choice which leads to a good life.

Division Status:

- The Division is actively engaged in systems transformation and Waiver redesign with targeted 2027 completion of iterative process of redesign.
- Division engaged with The ARC of Indiana through a contractual agreement to develop and expand self-advocacy leadership network;

- Division engaged with The ARC of Indiana through a contractual agreement to demonstrate a peer support model.
- Division engaged with UMKC through Living Well grant to promote philosophy of Charting the LifeCourse;
- Division engaged in development and expansion of consumer-directed service model.

1102 Task Force Recommendation 3.3 The design and implementation of a self-directed care model in Medicaid HCBS waivers administered by the Division of Disability and Rehabilitative Services for individuals to convert their shift model to a version that allows them to hire people they choose via a fiscal intermediary.

Division Status:

- Division engaged with individuals with lived experience to expand self-directed services to FSW and CHI (across all waivers). CMS technical assistance provided to Division to assist in developing model. Target for implementation is 2025.

1102 Task Force Recommendation 3.4 That adults who participate in Medicaid HCBS waiver services be allowed, through informed choice, to receive direct services and supports from one or more family members to meet their assessed needs; and that no individual family member be allowed to provide more than 40 hours of support, within a seven-day period.

Division Status:

- Service definition/policy revised to allow family members of adults with disabilities to provide up to 40 hours of direct support weekly.

1102 Task Force Recommendation 3.5 The establishment of a statewide IDD crisis response program utilizing all available federal funding (i.e., Medicaid HCBS waiver, etc.) and, as needed/required, state funding with the following crisis best practice components:

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

Division Status:

- Division collaborating with DMHA development and expansion of statewide crisis response system. 24/7 9-8-8 call line implemented in July 2022; demonstration/pilot projects for mobile crisis response launched throughout the State;
- DDRS in collaboration with other FSSA divisions participating in the Dual Diagnosis Capacity Building Institute;
- FSSA piloting demonstration sites for crisis stabilization. DDRS part of collaboration to implement CCBHC

1102 Task Force Recommendation 3.6 Encouraging the support of our active duty and veteran military members in Indiana in obtaining services for their children with IDD; and, pending CMS approval, creating a priority status on the Medicaid HCBS waivers for children of active duty and veteran military families.

Division Status:

- Priority status for children with IDD of active duty and veteran military members in place and fully operational

1102 Task Force Recommendation 3.7 The Division of Disability and Rehabilitative Services encourage the use of emerging technology in Medicaid HCBS waiver service delivery.

Division Status:

- Expansion of remote support options implemented;
- ARPA-funded Innovation Pilot Projects focused on utilization of technology in HCBS waiver service delivery to inform waiver redesign

1102 Task Force Recommendation 3.8 Telehealth be approved as a viable and approved service delivery method for services, for example Behavior Management and Wellness Care.

Division Status:

- Telehealth legislation passed (SEA 3) providing allowance for Behavioral health, case management, and health services to be provided virtually.

1102 Task Force Recommendation 3.9 The inclusion of peer specialists as a Medicaid HCBS waiver service, enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities.

Division Status:

- DDRS contracting with The ARC of Indiana to explore and recommend a service definition for peer support.

1102 Task Force Recommendation 3.10 Indiana to encourage efforts to increase the use of supported decision-making and other alternatives to guardianship.

Division Status:

- Language included in HEA 1595 to include SDM conversations in case conference committees Encouraging all guardianship conversations to include alternatives such as SDM

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

1102 Task Force Recommendation 4.1 The First Steps program invest in its workforce to keep pace with demand by increasing the number of service coordinators and providers, and paying service coordinators and providers at a rate that is competitive and supports effective recruitment and retention. This action will also assist in broadening the network of specific services needed in the early intervention system to appropriately serve families and children.

Division Status:

- SPOE contracts & provider reimbursement rates increased January 2023. The increase in SPOE contracts includes a metric for increase in number of Service Coordinators/reduced caseloads.
- First Steps actively engaged in the recruitment of new providers to expand capacity
- DDRS/BCDS team members increased from 6 to 9 to improve capacity to effectively implement First Steps in Indiana

1102 Task Force Recommendation 4.2 The creation of an array of living settings that support people with disabilities living in a setting of their informed choice that allows them to enjoy their interests, hobbies, and preferred lifestyle.

Division Status:

- Division engaged in activities and projects to promote family structured caregiving, re-structuring SGL, and providing guidance regarding intentional communities and POCOS

1102 Task Force Recommendation 4.3 The creation of an array of employment options that leads to a good life with independence and respect for people with intellectual and developmental disabilities and ensures informed choice. The array of options should provide opportunities for people with all abilities to work that provides for growth, respect, preferences, and interests. In developing this array of options, a stakeholder group, led by Self-Advocates of Indiana, must come together to discuss the use of 14c certificates (sub-minimum wage) in Indiana in 2019 and develop strategies to assist provider agencies to transition away from utilizing 14c certificates.

Division Status:

- Division actively engaged in Waiver redesign with 2027 targeted for completion. First iteration of waiver services/support for competitive integrated employment planned for January 2024 waiver amendment;
- DDRS ARPA-funded Employment Redux projects includes Employment Learning and Leadership Collaboratives focused on supporting current 14c certificate holders to transform their business model to support CIE.
- DDRS ARPA-funded Employment Redux project includes Transformation Grant opportunities to support current 14c certificate holders in transformation and transition away from 14c/facility-based pre-vocational services;
- DDRS System Transformation Plan targets discontinuation of funding for facility-based pre-vocational services and full array of Waiver services/support for CIE and community engagement in 2027.

1102 Task Force Recommendation 4.4 Developing a plan to enable the Bureau of Rehabilitation Services to serve all Order of Selection priority categories by 2021, or as soon as possible, which would rely upon increased fiscal and staff resources.

Division Status:

- DDRS/BRS developed a strategy to end Order of Selection by 2025. BRS/VR vacancy rate improved to 5%, leading the nation in retention, and provider reimbursement rates increased in April 2022 to improve capacity. Priority Category 2 waitlist eliminated and category opened in July 2023 with first release from final Priority Category (3) planned for October 2023. BRS/VR anticipate eliminating Priority Category 3 waitlist (approx. 1100 individuals) by close of calendar year 2024 effectively ending Order of Selection as of the final release from said category.

1102 Task Force Recommendation 4.5 Increasing, as soon as possible, the current state-wide average wage of direct support professionals to a level competitive with other service sector and healthcare jobs using current Bureau of Labor Statistics salary data through funding an increase in base compensation coupled with potential additional compensation tied to completion of a state authorized/approved training that significantly enhances the direct support professional's skills.

Division Status:

- HCBS Waiver rates reviewed and increased 7/1/2023. Average wage for DSP calculated at \$15.43/hour with allowance for health care, retirement, and PTO added/increased. Waiver amendment will be submitted January 2024 to include annual indexing of HCBS rates (2%).

1102 Task Force Recommendation 4.6 The development of a state approved outcome and competency-based training curriculum for direct support professionals. The purpose of the state-wide training is to ensure consistency of quality training, reduce training replication for providers, and to further professionalize the direct support professional workforce; and, the development of a state-wide registry of professionals who have undergone this training and curriculum.

Division Status:

- FSSA and the Division are actively engaged in the Training and Pathways initiatives through the DSW Plan to identify core competencies for direct service workers, develop a statewide training curriculum, and launch a platform for portable credentialing of direct service workers.
- HEA 1342 passed in 2023 requiring DDRS to implement a statewide training curriculum and credentialing for DSPs.
- DDRS Director Kelly Mitchell is co-lead of FSSA Training and Pathways initiative.

1102 Task Force Recommendation 4.7 The implementation of a public registry listing direct care staff who the Division of Disability and Rehabilitative Services has determined have committed certain offenses that bar them from employment supporting people with developmental disabilities in the state of Indiana.

Division Status:

- HEA 1342 requires the Division to implement a DSP registry by 2026. The Division is developing a plan for implementation in collaboration with DSW Initiative and the Training & Pathways projects.

1102 Task Force Recommendation 4.8 Appropriations for DDRS and other state agencies sufficient to develop, plan, and implement Task Force recommendations in keeping with timelines specified in this report or, in the absence of a specified timeline, at the earliest date possible.