Division of Disability and Rehabilitative Services

Case Management 1915(b)(4) Assessment

Final Report

Executive Summary

Overview

The Indiana Family Social Services Administration (FSSA) is the single state Medicaid agency authorized to administer Indiana's Medicaid Home and Community Based Services (HCBS) 1915(c) waivers. The waivers are operated by FSSA's Division of Disability and Rehabilitative Services (DDRS), Bureau of Developmental Disabilities Services (BDS) a division and bureau under the single State Medicaid agency. Two of these HCBS waivers, the Family Supports Waiver (FS) and the Community Integration and Habilitation Waiver (CIH) provide services to individuals with intellectual and developmental disabilities in a range of community settings as an alternative to care in an intermediate facility. In January 2022, Indiana implemented a 1915(b) (4) waiver that limits freedom of choice of providers for case management services for the FS and CIH waivers to six case management organizations identified through a competitive selective contracting process.

The 1915(b) (4) selective contracting waiver is subject to federal requirements for an independent assessment that considers the impact of the waiver on access, quality, and cost-effectiveness of the services provided to program (FS and CIH waiver) participants (U.S. Department of Health and Human Services, 1998).

Indiana FSSA initiated a request for an independent assessment of the 1915(b) (4) waiver though Wellbeing Informed by Science and Evidence (WISE) Indiana, which is a collaborative partnership and inter-agency agreement between Indiana Clinical and Translational Sciences Institute and FSSA. WISE subsequently contracted with the Indiana Institute on Disability and Community (IIDC) via a task order proposal to conduct the independent assessment, as they were identified by DDRS/BDS as having related content expertise, as well as access to existing data sources relevant to the assessment through existing contracts and projects in partnership with DDRS/BDS. IIDC is Indiana's University Center for Excellence for Excellence in Developmental Disabilities (UCEDD) and has a long-standing history of partnership with DDRS/BDS in advancing its mission "to connect with people with disabilities and their families to resources and supports so they can live their best lives." This independent assessment presents IIDC's findings as they related to the impact of selective contracting on access, quality, and cost-effectiveness of case management services for the FS and CIH waiver populations using available data from the 2021 (pre-waiver/planning & transition period) through 2024 fiscal years.

Summary of Overall Independent Assessment Findings

A review of the findings related to access, quality, and cost-effectiveness of case management services under the 1915 (b) (4) selective contracting waiver supported positive results overall. The independent assessment demonstrated DDRS/BDS's commitment and success in developing and implementing a robust monitoring and oversight system to identify and address any shortcomings in provider capacity or service provision to ensure consistent and high-quality case management for FS and CIH waiver recipients state-wide. Moreover, qualitative findings suggest that the move to a contractual relationship has enhanced DDRS/BDS's collaborative working relationships between and among the six selected CMOs. IIDC identifies opportunities for

improvement for the state consideration throughout the report, however no significant issues were identified with selective contracting for case management services provided through the 1915(b) (4) waiver.

Access

The evaluation of access to case management services identified several suggested elements and metrics from the CMS Guidance to the States (U.S. Department of Health & Human Services, 1998). Access to case management services is critical to ensure individuals with disabilities and their families receive timely support. Four critical dimensions of access were analyzed, including:

Competitive Case Management Organization (CMO) Selection and Transition Process: The evaluation team reported on the selection of CMOs and the transition process that occurred after the Request for Services (RFS) was posted to identify a core group of CMOs to support case management services across the state of Indiana. A detailed description of the process is included within the report to provide clarity on the elements which were required to be selected for contracting with the state to provide Case Management Services. The description provides detail to why CMOs were selected and how the BDS team ensure that access was not impacted by the transition to selective contracting with CMOs.

CMO Capacity: The report details two elements for capacity, (1) the evaluation team's analysis of provider accreditation requirements and (2) certification and training requirements for case managers. The analysis of accreditation focused primarily on CMO alignment with the core foundations of quality case management services, indicating that CMOs are equipped to provide services appropriately across the system. The analysis highlighted that overall, CMOs were aligned with the accreditation standards, and the recommendations and consultations presented by the process decreased over time. This finding highlights that CMOs are becoming better equipped to support case management services across the state, therefore increasing the capacity of the system. In addition, the report analyzed the training and certification requirements of case managers. This descriptive analysis details the expectations that BDS has to ensure that case managers are properly trained to provide services. Overall, case managers rated these trainings as being useful, indicating that the efforts that BDS are making to ensure a trained workforce are increasing the capacity of the system.

Enrollment and Onboarding Processes: In this section, the evaluation team reported on the waiver enrollment and intake process for individuals to receive case management services. The descriptive analysis details the process that BDS provides to CMOs to ensure that individuals receive timely access to services and ensure that CMOs are equipped to provide these services. In order to evaluate the timeliness of this process, the evaluation team analyzed data from the system to determine the efficiency with which the intake process takes, most notably from the referral data for services to the status date, when a meeting is scheduled. The average handling time for this process was 2.11 days, well within the BDS mandated time frame of 5 days.

Service Contact and Caseload Requirements: The following section reports on two elements of service contact and caseload requirements: (1) the timely completion of monitoring checklists,

(2) rate of in-person meetings and (3) caseload requirements. The first indicator, timely completion of monitoring checklists, details the process of BDS has provided to CMOs to complete a monitoring checklist for each individual who receives case management services. This process ensures that case managers are equipped for meetings with their clients and further provides BDS with information that showcases whether meetings are occurring on time. The analysis indicates that over 90% of monitoring checklists are completed on time, indicating a high rate of completion of meetings on a timely basis. Secondly, the analysis of in-person meetings analyzed how frequently meetings were held in person instead of in a virtual format. Most meetings were conducted face to face, with the number increasing over time to over 99%. Finally, the analysis of caseload size indicates how many individuals each case manager is working with. BDS provides guidance that CMOs should not maintain a caseload size of over 45 individuals per full time case manager across the entire organization. While overall the caseload size was within this threshold, multiple CMOs went above this threshold in one or multiple years.

Service Utilization: Service utilization was analyzed utilizing descriptive statistics of the overall population of individuals receiving case management services across the state of Indiana. A detailed descriptive analysis of the population is provided, highlighting the race, ethnicity, and gender of the population. Additionally, an analysis of waiver types across CMOs was presented to indicate what percentage of each waiver type was utilizing each individual CMO across the state.

Strengths and Opportunities for Improvement

BDS has been clear and consistent it it's communication to the selected CMOs and individuals receiving services throughout the transition to selective contracting. During this transition, the BDS team has provided sufficient information and documentation to stakeholders to indicate that access would not be impacted by the transition. This includes the clear process for intake, selection of CMO, and onboarding, ensuring that individuals and families has sufficient information to make an informed choice on their case management provider. Individuals across the state are utilizing case managements services from all 6 CMOs and accreditation is ensuring that these CMOs are providing a sufficient level of service provision. In addition, case managers are meeting with individuals and families on time and frequently, ensuring appropriate access to these services.

The report has indicated a number of opportunities for improvement, including (1) an assessment of CMO implementation of accreditation recommendations and consultations, including a statewide review of any common areas of concern identified in the reports, (2) a review of the trainings provided to case managers to determine current and future needs may prove beneficial, (3) an analysis of how the varying processes for onboarding and intake across different waiver types impact individuals and families would be beneficial to determine how this may impact access for specific groups, (4) a review of the "monitoring checklist" and "in person vs virtual" data available to BDS provides simple compliance data, and further indicators may prove beneficial for the team, and (5) a review of what other information could be included in QTIP reports that relate to access is recommended.

Quality

The evaluation of quality of case management services was conducted utilizing multiple suggested elements and metrics from the CMS Guidance to the States (U.S. Department of Health & Human Services, 1998). Quality of case management services is critical to ensure individuals with disabilities and their families are receiving high quality support throughout the case management process. Three critical dimensions of quality were analyzed, including:

Monitoring and Quality Oversight of Case Management Organizations: The evaluation team details the framework for quality monitoring and oversight which BDS has implemented to the case management system within this section. This includes a review of several practices and processes that ensure that information is shared continuously from CMOs to BDS and back to ensure a feedback loop that is beneficial for all involved. To demonstrate the impacts of this process, an analysis of a new PCISP scoring rubric is shared as well as a descriptive analysis of the newly introduced Road Shows provide evidence of BDS' commitment to ongoing quality improvement.

External Quality Review [Liberty] Methodology and Findings: The report outlines findings from the external quality review which was conducted through the Quality Onside Provider Review (QOPR) process. This review focuses on 25 individual indicators of quality and is scored on a rubric from achieved, to aware, to an opportunity. The QOPR process has been conducted with over 1,000 individuals during its implementation covers topics such as advocacy and engagement, privacy and rights, and employment. The results of these reports are shared with CMOs to help organizations identify gaps in service delivery, inform quality improvement initiatives, and enhance the alignment of case management practices with the principles of person-centered care.

Individual and Family Satisfaction and Outcomes: In this section, the evaluation team details a range of surveys that the BDS team utilizes to evaluate ongoing quality monitoring. Beginning with the Case Management Satisfaction Survey, this portion of the analysis details a new initiative by BDS to garner the perceptions of individuals and families on their experiences with case management services. The 12-question survey is analyzed and shows that overall there is a high level of satisfaction with case management services over the two years of implementation. In addition, this section of the report shares findings from a range of National Core Indicators surveys, including the In-Person, Adult Family, Family Guardian, and Child Family survey. Results from each of these surveys are shared to address perceptions of quality of services including choice, interactions, and whether their PCISP includes everything that is important to them.

Strengths and Opportunities for Improvement

BDS has developed a robust series of mechanisms for monitoring the quality of the system of case management across the state of Indiana. With the guidance provided through the Quality Guide, the QTIP meetings, ongoing systematic review, and the collection of a range of surveys on the individuals who are receiving services, the BDS team is clear in their intent on collecting measures of quality throughout the entirety of the system. In addition, the addition of Road Shows to support ongoing improvement among individual CMOs stands out as a unique practice

within their range of practices. Utilization of external reviews in the QOPR process additionally adds another level of evaluation to the services which are provided.

The report has identified a number of areas to support improvement within this space, including (1) a re-examination of how BDS utilizes all of the data that they collect to drive quality improvement, moving the system from evaluating the quality of services to analyzing this information and putting it into practice, (2) a review of their newly introduced PCISP rubric scoring practices to determine the extent to which individual CMOs understand the actionable steps they can take to improve PCISP development, (3) a reexamination of the Plan, Do, Check, Act model and how the team utilizes this process to support, guide and measure the activities within the system, and (4) evaluating the results of the QOPR process to determine how this information is shared with individual CMOs and how next steps are determined for improving quality based on the evaluations.

Cost Neutrality

The evaluation of Cost Neutrality of case management services utilized several suggested elements and metrics from the CMS Guidance to the States (U.S. Department of Health & Human Services, 1998). Cost Neutrality of case management services is core to aligning with the expectations of the CMS Guidance, as it ensures that the costs of services do not exceed or are measurable decreased due to the change to selective contracting with CMOs. The two key dimensions of cost neutrality which were analyzed include:

Billing and Monthly Service Units: The report team includes a description of billing and monthly service units within the report. These processes highlight how BDS has developed the financial structure of case management services in the state of Indiana. The report highlights how this structure provides a foundation for CMOs to develop a financial model to ensure that case managers are reimbursed for their services based upon case managers conducting a meaningful activity with or on behalf of an individual.

Impact of Contracted Case Management Services on Bureau Expenditures: In this section, the report highlights the impact of contracted case management services on expenditures over the years preceding and after the transition to selective contracting. In the analysis, a review of the BDS team's application for the waiver highlights their anticipated cost neutrality throughout the transition, which is reinforced through the data shared from their financial reports. The expenditures have come underneath anticipated costs each year, however there was a significant rise in expenditures in the year 2023. Through interviews with CMO leaders, the analysis also provides additional context to how the rate structure impacts CMOs, with interviews highlighting issues with lows salaries leading to issues with retention, and recruitment of new staff. However, CMO leaders did not attribute this issue to the transition to selective contracting.

Strengths and Opportunities for Improvement

The BDS anticipated that the transition to selective case management services would have little to no impact on costs. The expenditures of BDS on case management have come well under the anticipated costs of case management services that were outlined in the application for the waiver, and the organization has remained consistent in their expenditures each year. CMO

leaders are overall pleased with the clear guidance on the billing structure, promoting ease of use and understanding for the CMOs. Similarly, the simplification of the process for reimbursement is appreciated by the CMO leaders which were interviewed.

The report indicated multiple opportunities for improvement, including (1) a Cost-Benefit analysis of how the new rate change is impacting CMOs and their ability to maintain a stable workforce, (2) an analysis of wage disparities between the state of Indiana and surrounding states and the nation can help support the ongoing recruitment and retention issue to keep costs lower for CMOs, and (3) an evaluation of the impact of the Department of Labor's minimum requirements for salaried positions on the recruitment and retention issue may provide further clarity on how to keep down costs of finding and training new staff.

Introduction

Case management serves as the essential foundation for coordinating a range of supports and services. Case managers play a crucial role in understanding the needs of individuals with disabilities, parents of minor children, or legal representatives. Their role involves guiding people through complex systems, linking them to community resources, exploring support options through technology, fostering connections, and drawing on the personal strengths of the individuals and their support networks. In the State of Indiana, case management has experienced change, and a robust evaluation of the service system is critical to ensure quality across the system.

Overview of Indiana's New Case Management System for HCBS Waivers

Indiana's Medicaid Home and Community-Based Services (HCBS) waivers—the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH)—serve individuals with intellectual and developmental disabilities (IDD) across various community settings, providing an alternative to care in intermediate care facilities. These waivers, administered by Indiana's Family Social Services Administration (FSSA) through the Division of Disability and Rehabilitative Services (DDRS) and the Bureau of Disabilities Services (BDS), support individuals from birth through adulthood who meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care.

The Bureau of Disabilities Services (BDS) has been engaged in a Waiver Redesign project since 2019. This was a multi-year process to modernize and improve the services and supports available through the BDS home and community-based services waivers for individuals with intellectual and developmental disabilities. As part of the redesign process BDS strategically gathered feedback from individuals and families on waiver redesign through various methods which included family forums, Building Bridges events, surveys distributed to families, Facebook posts, web events and general emails received by BDS, to name a few. This feedback highlighted inconsistencies in the delivery of case management services. It also evidenced gaps in case manager training, knowledge of waiver and non-waiver resources, ability to facilitate the person-centered planning process focusing on the individual's strengths, as well as the capacities of the case managers to be a partner and navigator of those BDS supports.

Indiana has implemented a 1915(b)(4) waiver that limits freedom of provider choice for case management services within these waivers to six CMOs selected by DDRS/BDS through a competitive process. This waiver enables DDRS to selectively contract with case management organizations (CMOs), thereby focusing oversight and enhancing monitoring of case management service delivery. By limiting the number of CMOs involved, DDRS can engage more effectively with selected providers, reinforcing service quality, consistency, and knowledge of local resources. This system also facilitates a closer working relationship between FSSA and CMOs, ensuring that case management services meet high standards statewide.

Evaluating the Selective Contracting Waiver Program for CM

The current evaluation aims to deliver an independent, comprehensive assessment of the selective contracting waiver program for case management (CM), focusing on access, quality, and cost-effectiveness as required the components outlined in the state Medicaid letter for the Independent Assessment Requirement for Section 1915(b) Waiver Programs: Guidance to the States (U.S. Department of Health & Human Services, 1998). Findings from this evaluation will determine the extent to which the waiver has achieved its broad goal of providing consistent and high-quality case management across all recipients through enhanced monitoring and oversight of selected CMOs and will offer insights and recommendations for ongoing programmatic improvement. Additionally, findings will address the six primary purposes of an independent assessment as outlined in the state Medicaid letter for the Independent Assessment Requirement for Section 1915(b) Waiver Programs: Guidance to the States (U.S. Department of Health & Human Services, 1998):

- Evaluate the extent to which access, quality, and cost effectiveness are improved, maintained, or diminished as a result of the waiver to allow for selective contracting of case management services.
- Summarize findings from the state's quality strategy and external review process conducted, offering an analysis of how well these strategies align with waiver objectives and program standards.
- Highlight effective practices in the state's current approach to monitoring waiver performance and identify opportunities to strengthen processes used to assess and improve case management services.
- Highlight on-going or unresolved issues or gaps in the implementation and/or monitoring of the case management selective contracting waiver.
- Identify specific instances in which case management access or service delivery can be improved.
- Offer recommendations to the state for concrete actions to support improved outcomes for CMOs and for the waiver participants they serve.

Evaluation Methodology

The evaluation uses complementary mixed-method study design to allow qualitative findings to elaborate, enhance, and/or illustrate the results from quantitative findings (McMillan & Schumacher, 2001) to evidence access, quality, and cost-effectiveness of case management services related to Indiana's 1915(b)(4) waiver to allow for selective contracting of these services. The analytical approach involved synthesizing and visualizing data and information from a variety of existing data sources, including the approved 1915(b)(4) waiver application, documents related to CMO selective contracting processes, CMO accreditation reports, and reports related to quality monitoring and oversight of CMOs. Additionally, data was obtained from the IN LTMS tracking system data for metrics related to CMO access and demographic composition of waiver participants, as well as data from the Indiana Case Management Satisfaction Survey and the National Core Indicators in-person and family surveys to examine participant satisfaction and outcomes related to case management services. The documentation

and data from these sources were compiled, reviewed, and synthesized to be reported in the three sections of this independent assessment report (i.e. Access, Quality & Cost Effectiveness) as required in the CMS guidance (U.S. Department of Health & Human Services, 1998)

To examine the experiences and perceptions of providers related to the 1915(b)(4) waiver, brief semi-structured interviews were conducted with key leaders from each of the six CMOs (N=12). Leadership interviews included the CMO owner or CEO and typically a case management supervisor who provided oversight and mentoring to case managers but also provided case management services to a reduced caseload of individuals. This purposeful sampling allowed for administrative and direct services perspectives related to the transition to and initial implementation of the selective contracting at the provider level. Each of the interview participants were asked the following questions:

- To what extent/in what ways did DDRS/BDS support the transition to selective contracting in January 2022?
- To what extent are Quality Tracking Improvement Process (QTIP) monitoring processes improving case management services?
- How does DDRS/BDS support quality assurance and performance improvement for your CMO?
- What have been the most challenging aspects of case management innovation and selective contracting for your CMO and the individuals you serve?
- What have been the most beneficial aspects of case management innovation and selective contracting for your CMO and the individuals you serve?

Responses across all participants were summarized for each question, with several common themes identified related access, quality, and cost effectiveness. Themes are described within each report section to extend, enhance, or contextualize quantitative findings presented for access, quality, and cost effectiveness.

Access to Case Management Services

Ensuring equitable and effective access to services for beneficiaries under a 1915(b) waiver is a fundamental requirement to ensure timely initiation and on-going coordination of appropriate services. This section provides a comprehensive evaluation of how key access indicators were managed and continuously monitored both during the transition to selective contracting and its ongoing implementation to ensure timely participant access to services, while enhancing provider capacity.

This study integrated suggested elements and metrics from the CMS Guidance to the States (U.S. Department of Health & Human Services, 1998) across four critical dimensions of access:

Competitive Case Management Organization (CMO) Selection and Transition Process: This includes the description of the Request for Services (RFS) competitive CMO selection process, marketing and outreach efforts, and the mechanisms in place for transitioning participants while providing continuity of services.

CMO Capacity: This section summarizes accreditation reports from the Commission on Accreditation of Rehabilitation Facilities (CARF) from the current CMOs, as well as DDRS/BDS case manager qualification, training, and certification requirements.

Enrollment and Onboarding Processes: This section includes a description of the steps and participant experience within the onboarding process, as well findings from efficiency metrics, such the average time from referral to enrollment, which were recently added to the QTIP quarterly monitoring framework.

Service Contact and Caseload Requirements: QTIP quarterly monitoring data of minimum contact requirements between case managers and individual service recipients are summarized as well as a comparison of in-person vs virtual contacts. Additionally, average annual caseloads across CMOs are reported as an additional indicator of system and individual provider capacity for the provision of quality services.

Service Utilization: Service distribution is analyzed to highlight waiver participants' engagement with Case Management Organizations (CMOs) across Bureau of Disabilities Services (BDS) districts, providing a detailed view of utilization patterns.

By detailing these indicators, we aim to provide a comprehensive and evidence-based assessment of the waiver's impact on service access, ensuring compliance with federal standards and identifying areas for continuous improvement.

Competitive Selection and Transition Process

Selective Contracting Application (RFS)

The Indiana Department of Administration (IDOA) issued a Request for Services (RFS) on behalf of BDS to identify a core, qualified set of quality-focused Medicaid waiver case management providers to deliver person-centered, conflict-free case management for the Family Supports (FS) Waiver and Community Integration and Habilitation (CIH) Waiver through a fair

and competitive process. Through this RFS process, the state intended to select five case management organizations (CMOs) to be the exclusive providers of case management services for participants in the FS and CIH waivers, but ultimately six highly ranked CMOs received selective contracts.

The RFA was developed in six (6) sections. Sections 1 and 2 included general information related to proposal preparation, submission, and timelines, as well as the company's business proposal to describe the respondents' company structure, financial information, enrollment as an Indiana Health Coverage Programs (IHCP)provider, and registration with the Indiana Secretary of State and the Indiana Department of Administration Procurement Division as a state vendor. Sections 3 through 6 comprised the technical proposal that is described in the following sections. Proposals were evaluated initially on a pass/fail basis for completeness and adherence to the proposal submission requirements and failing proposals were eliminated from further consideration. The proposals that meet the mandatory requirements were then scored by section with a maximum total possible score of 100 points. Then, proposals were ranked based on their score to result in a "short list." Finally, the short-listed proposals were then evaluated for final award commensurate with BDS program needs and goals based on all the entire evaluation criteria that resulted in six proposals that identified to be most advantageous to the State.

Company Background, Compliance, and Approach to Correction (RFA Section 3)

In this section, respondents were asked to describe their experience providing case management services, including specific examples of working collaboratively with individuals and families, as well as provider partners state-wide. Additionally, respondents used this section to outline their approach to comply with Centers for Medicare and Medicaid (CMS) HCBS Rules and meet the 1915(c) Waiver Service Definition, as well describe their comprehensive quality assurance plan, including application of culture of quality concepts and data analysis to identify system issues and corrective actions.

Plan and Program Mandatory Requirements (RFA Section 4)

Respondents used section 4 to address the mandatory requirements for eligibility under the solicitation for services to include confirmation of enrollment as a Medicaid provider or plans to comply with such enrollment prior to the contract start date, including a draft application. Additionally, this section also included a commitment to statewide coverage of case management services including the company's current plan and approach to staffing geographically or their plan to transition to statewide coverage within the stated timelines.

Description of Contractor's Responsibilities (RFA Section 5)

Section 5 required respondents to provide an overview of their plan to hire, train, manage, supervise, and support case managers to provide person-centered case management services in accordance with the 1915(c) Waiver Service Definition. This included a description of how the company would recruit and hire case managers to ensure state-wide coverage and an average caseload of no more than forty-five (45) cases per full-time case manager and their support and supervision structure, including their approach for tracking and monitoring service provision data to ensure complete, accurate, and timely entry into the state's case management system.

Section 5 of the RFA required an extensive overview of plans to organize and deliver training to include varied modalities and platforms, proposed training schedule, as well their approach to tracking and validating that training operations yield desired outcomes. In addition to case management best practices, such as team collaboration toward shared outcomes, fostering independence, cultural competence, and systems navigation, respondents were also required to describe their familiarity with the LifeCourse framework and how they would incorporate its principles and tools in their trainings. Companies were also required to describe how they would coordinate training on non-waiver Medicaid services and supports, including employment supports, housing accommodation needs and transition services to support the move from institutional to community settings, as well as how to research and access available community services in the individual's geographic area across the lifespan and life domains.

Lastly, section 5 required respondents to describe an open feedback channel available to individuals continuously, as well as their plan for investigating complaints they receive to include both a case-specific process to address the individual's concerns and a company-wide process for sharing learnings from this process. Lastly companies confirmed their understanding of their role as a contractor in the mortality review process and their commitment to conduct those activities when required.

Description of Contractors' Administrative Duties (RFA Section 6)

Respondents were required to provide an overview of their organizational leadership and supervisory staff, including a full-time compliance officer and registered nurse. Section 6 also required a description of the company's proposed supervisory staff, candidates' relevant experience, and how they were or would be equipped to provide supervision and subject matter guidance. Additionally, it was required that they identify the staff contemplated, whether they are full-time or part-time, and proof of certification/qualification standards.

This section also asked respondents to describe how they will meet specified reporting requirements to include quarterly status updates and ad hoc reporting, as well as their process for Corrective Action Plans and their commitment and capacity to attend and actively participate in coordination, planning and collaborative administrative meetings with State staff, including semi-annual touchpoint meetings.

Lastly, Section 6 also required respondents to describe their commitment and capacity to facilitate the program transition period to selective contracting of case management services in terms of onboarding new case managers and individuals if selected, as well how they would ensure smooth outgoing transition to succeeding contractors if not selected.

Transition to Selective Contracting Processes

In May of 2021, DDRS officially launched Case Management Innovation as part of the BDS Waiver Redesign efforts. DDRS communicated and implemented a strategic transition plan from May through December 2021 with regular and specific communication specific to current case management entities, waiver service providers, and individuals and families to help everyone understand and work through the transition to selective contracting for case management. This

included a devoted webpage on the DDRS website that included links to emailed announcements and mailings sent to individuals and families, recordings of live webinars provided to individuals and families, and well as informational resources and toolkits to assist individuals and families in navigating potential changes and making informed decisions about their case management services. The website also had dedicated FAQs specific to individuals and families, service providers, and current CMOs through the transition period that followed this general timeline:

- May 4, 2021: Case Management Innovation RFS was announced.
    - May 18, 2021: An optional pre-proposal conference was provided to introduce the RFS.
    - May 20, 2021: An optional Vendor RFS Response Training was provided to potential applicants.
    - May 24, 2021: Deadline to Submit Written Questions regarding the RFS.
    - June 3, 2021: Response was Provided to Written Questions and RFS Amendments as applicable.
    - June 10, 2021: Deadline to submit optional intent to respond.
    - July 6, 2021: RFS Proposal submission deadline.
- May 10, 2021: Case Management Webinar was provided for families.
- July 21, 2021: Case Management Innovation Update was sent to individuals and families along with the case management innovation companion document providing background, the transition timeline, links to additional information, and a detailed list of what families should expect from case managers.
- October 1, 2021: Case Management Innovation Award Announced the six selected CMOs.
- October 1, 2021: Mailing and Toolkits providing timelines, guidelines and information about the transition provided to individuals in English and Spanish.
- Case Management Innovation Flyer Announcing Individual & Family Webinars offered in Oct & Dec.
- Guide to Choosing A Case Management Company sent to Individuals and Families.
- October 12, 2021: Live webinar for individuals and families was provided, recorded and posted on the website.
- November 1, 2021: Mailing to Individuals and Families listing 6 separate virtual and/or in-person meet-and-greet opportunities in November with the six selected CMOs in various location throughout the state (provided in English and Spanish).
- December 1, 2021: Mailing to Individuals and Families reminding them of the 12-6 webinar and final reminder of the 12-14 deadline to select a new CMO (as applicable).
- December 6: Live webinar for individuals and families.
- December 14, 2021: Deadline to select a CMO and auto-assignment as applicable.
- January 1, 2022: All individuals begin receiving services from six selected CMOs.

Though this well-coordinated and communicated transition plan, including expectations for selected and out-going CMOs, to commit to transition processes and guidelines as part of the RFS proposal, there were no reported disruptions to case management services for individuals and changes for families were minimized as much as possible. Clear guidelines to ensure that documents and reporting requirements were current for individuals transitioning to new CMOs

and/or new case managers facilitated this transition, as did the guidelines regarding uninvited solicitation of potential or existing clients by CMOs or case managers who were hired by a new CMO. However, case managers were allowed to share with their clients that they were leaving their current employer and if they were asked (uninvited) where they were going to be employed, this would not be viewed as a solicitation in violation of 460 IAC 6-36-2. As a result, based on an estimated population of 32,000 waiver recipients at the time of transition, approximately 85% of service recipients had no change in case manager or CMO. An estimated 11% (3665 individuals) retained their current case manager and transitioned with them to a new CMO, while less than 4% (1241 individuals), had case managers who did not retain employment or left the field (39 case managers) transitioned to a new case manager and new CMO.

Another substantial accomplishment of Case Management Innovation was the development and implementation of the DDRS/BDS *Quality Guide for Case Managers and Case Management Organizations* (Division of Disability and Rehabilitative Services Bureau of Developmental Disabilities Services, 2022), a comprehensive guide to provide a framework for establishing a shared understanding of the state's vision and expectations for quality case management services. The Quality Guide is a detailed document that outlines case management core competencies, case manager and CMO responsibilities, file management, documentation standards, resources and best practices beyond waiver services, information on community and statewide resources, training and certification requirements, Quality Tracking Improvement Processes (QTIP), employment requirements and performance evaluation, solicitation guidelines, mortality reviews, guidelines for investigations of potential Medicaid fraud, and information systems access and technical support. The Quality Guide was designed to assist case managers and CMOs in knowing and navigating the associated intricacies inherent to quality case management services to support successfully implementation of services in adherence to the1915(c) Waiver Service Definition and the Center for Medicare and Medicaid Services HCBS Rules.

CMO Perspectives on Transition to Selective Contracting

All CMO leadership respondents described the transition process as smooth and well-coordinated and described communication and guidance during the transition process as clear. Though some smaller CMOs mentioned doubling in size in terms of number of case managers and total caseloads, the described CMO toolkit provided and the continually updated FAQs as helpful, as well as the resources, webinars, meet-and-greets, and toolkits provided to families.

"I think we really were well prepared. We met frequently with both the DDRS and the BDS team. So that was helpful, BDS, especially. The district staff also did outreach individually and specifically for people that were having to transition. And so that was helpful. I feel they did a great job in prepping families and individuals when it was really a time of uncertainty for some."

"We did meet-and-greets with families and all of the CMOs all over the state, which I think was really helpful."

"It was the directive in a toolkit from BDS on exactly how to support individuals that are wanting and needing to choose other case management companies because their current case management company is not going to be moving forward. So that guidance was super helpful.

And having that guidance and having that ability to say, oh, this is exactly what we do was very comforting for us."

With regard to the Quality Guide, all CMO leaders referred to it, though their responses were mixed. Many mentioned it as subjective and difficult to operationalize in actual practice.

"I would say that the quality guide like I guess my overall impression is while I understand not every situation there isn't a black and white answer for everything. Sometimes we often feel like we're really not sure like, what should we do here? Let's check the quality guide, but it's not really a clear understanding of what should happen. And sometimes, when we ask for clarification around certain topics. It feels like it's difficult for them to give us like a clear answer, because maybe there isn't a clear answer."

[Challenges] "I think the 2 biggest for me. The quality guide, is always, that's a beast of its own. I know that the intention is there. I just think a lot of times it doesn't give you actual answers... it's very subjective. That has been kind of a frustrating piece is that we are often not given answers, and instead told, well, refer to the quality guide. Well, the way I read the Quality Guide is different than the way you... they say well, it's interpretive. Well if it's interpretive, we're still being held to that. So what if we're interpreting it wrong?"

Despite some reservations and trouble with application of its guidance at times, all CMOs appreciated the fact that BDS was responsive to questions and feedback and viewed the guide as a "living" documents that will require updates and revision, while others viewed the Quality Guide as extremely helpful as a comprehensive guide for quality case management.

"With BDS and all the CMOs so there was a really open dialogue regarding the quality guide regarding, you know the nuts and bolts of case management. How that was all working and it was wonderful. A lot of feedback they took our feedback of, you know, areas that we found unclear.

"But, you know it's an incredibly detailed guide that you know, when utilized, I think, is effective.. It, too, is, you know, BDS went to great lengths to have the right subject matter. Experts in those different pieces of the guide, and it's quite evident. So when we have questions, first place that we go is the guide. So you know that way, we have consistency. It's how we train.

"We do case management in many, many States, and so having a guide, if you will, is incredibly helpful, because I can tell you I've been a part of other States that don't have that."

Capacity

Provider Accreditation Requirements

BDS requires that all 6 CMOs are an accredited provider for services. In the development of this report, Commission on Accreditation of Rehabilitation Facilities (CARF) assessment reports were utilized as a critical data source to provide an evidence-based foundation for evaluating the effectiveness and quality of the services under review. CARF, a globally recognized accrediting body for health and human services, which sets rigorous standards for the delivery of care and organizational performance. These reports offer valuable insights into adherence of industry best

practices, the identification of areas for improvement, and the overall alignment with quality standards. As such, by referencing CARF assessment reports, the current report draws on peer-based evaluations from comprehensive reviews of policies, practices, and outcomes.

In the current analysis, we focused on most recent and previous accreditation results for the five CMOs which utilize CARF accreditation (One organization is excluded due to utilizing a different Accreditation Agency). The CARF report provides two types of feedback: recommendations and consultations, each serving distinct purposes in driving quality improvement. Data presented in figure 1 includes number of recommendations and consultation for the five Indiana CMOs' previous and most recent accreditation time points.

Figure 1: CMO Accreditation Results Overtime

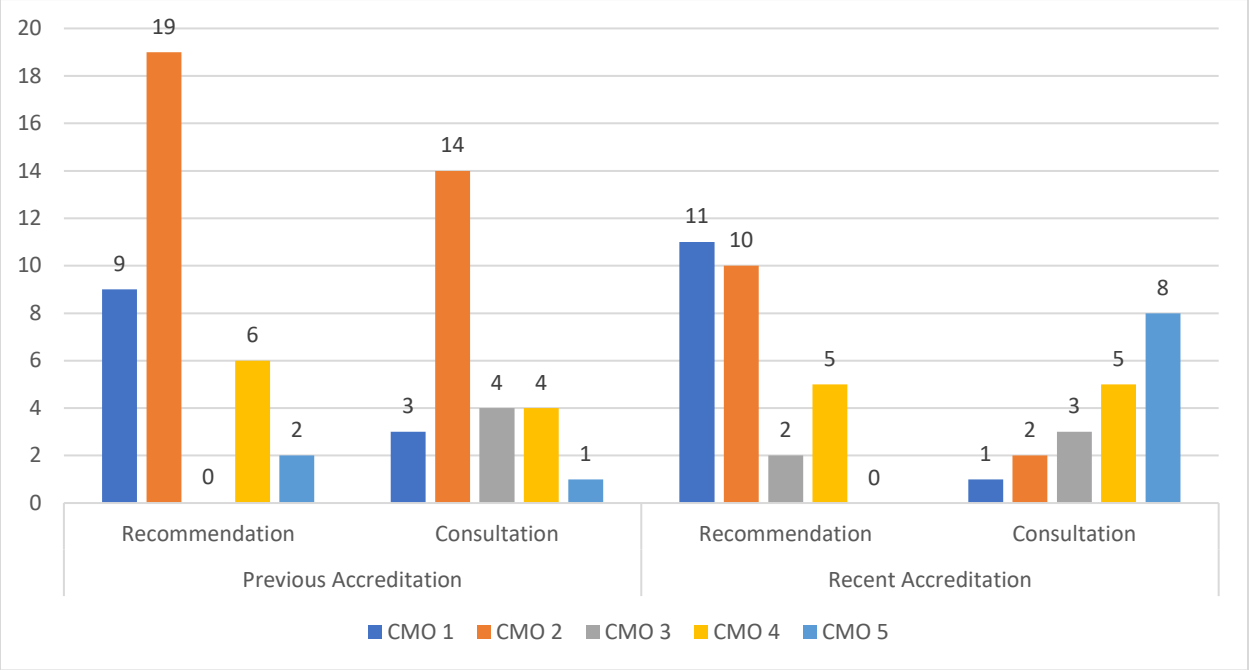


Figure 1 provides a comprehensive overview of the accreditation-related recommendations and consultations for five organizations at each CMOs previous accreditation time point and most recent accreditation time point. Recommendations indicate areas where an organization did not meet the minimum requirements to demonstrate full conformity to the standards, while consultations are suggestions documented by accreditation surveyors to help organizations improve their programs, services, and business operations. Overall, the data indicated a positive shift occurred, between previous and most recent accreditation time points, as two CMOs showed decreases in numbers of recommendations, with two other CMOs indicating decreases in consultations, and one CMO showing decreases *in both* recommendations and consultations. However, there were increases in recommendations for two CMOs and increases in consultations two other CMOs. Collectively, Indiana CMOs received six fewer consultations and eight less recommendations during the three-year accreditation cycles using the 2018-2024 accreditation data. The collective decrease suggests an overall improvement in meeting the standards over

time, reflecting the organizations' efforts to enhance their compliance and operational effectiveness.

Certification and Training Requirements

BDS defines providers of case management services as: case managers, case manager supervisors (whether or not they carry a caseload), and case management company leadership including quality assurance staff (whether or not they carry a caseload). Providers of case management services must meet one or more of the following qualification standards:

- Hold a bachelor's degree in one of the following specialties from an accredited college or university:
  o Social work;
  o Psychology;
  o Sociology;
  o Counseling;
  o Gerontology;
  o Nursing;
  o Special education;
  o Rehabilitation, or related degree if approved by the FSSA/DDRS/OMPP;
  o Be a registered nurse with one-year experience in human services; or
  o Hold a bachelor's degree in any field with a minimum of one year full-time, direct experience working with persons with intellectual/developmental disabilities.
- Holding a master's degree in a related field may substitute for required experience.
- The case manager must meet the requirements for a qualified intellectual disability professional in 42 CFR 483.430(a).
- Case managers may not be contractors of the case management organization

Additionally, Case Management Organizations must ensure that each provider of case management services demonstrates competency initially and annually demonstrated through successful completion of the DDRS/BDS case management certification exam. CMOs must ensure that newly hired case managers complete the certification exam within ninety calendar days of their hiring date, as well as annual recertification of all case managers via the exam within the first quarter of each calendar year.

The Case Manager Certification exam is a series of six modules and accompanying assessments provided via the current Learning Management System (LMS). The modules are based on the Charting the LifeCourse Support Coordination Series and BDS established core competencies for providers of case management services presented in six foundational knowledge and skills areas:

Recognizing Your Role
Understanding Individuals & Families
Engaging with Individuals & Families
Facilitating Problem Solving & Decision Making
Navigating Supports & Services
Strategies to Achieve a Good Life

Each module is comprised of video presentations with accompanying study guides, learning tools and activities based on real-life case studies, self-reflection, and final assessment. Additional resources are also included in each module to support related learning objectives and core competencies. All learning activities, self-reflections, and assessments are submitted and archived in YesLMS, which provides participants with continued access to tools and resources. Case managers are provided with three attempts to obtain a minimum score of 80% on each module assessment to meet the initial and annual requirements for certification. If a case manager does not successfully complete an assessment in three attempts, the supervisor or CMO leadership must contact BDS for support to ensure success on the next attempt. Additionally, BDS can request access to participant module project/case study materials in order to tailor technical assistance and/or professional development for case managers who may experience initial or subsequent performance issues.

In addition to the certification series, case managers are required to complete 20 hours of training annually, regardless of their hire date. Ten hours must be BDS-approved training delivered through the Case Management Training Series on YesLMS to include:

Abuse, Neglect, and Exploitation
Critical Event Process
Human Rights
Incident Reporting Process
Indiana Vocational Rehabilitation
Provider Owned and Controlled Settings (HCBS Settings Rule)
What Does it Mean to be Person-Centered?
What are Integrated Supports?
What Does it Mean to be Strength-Based?

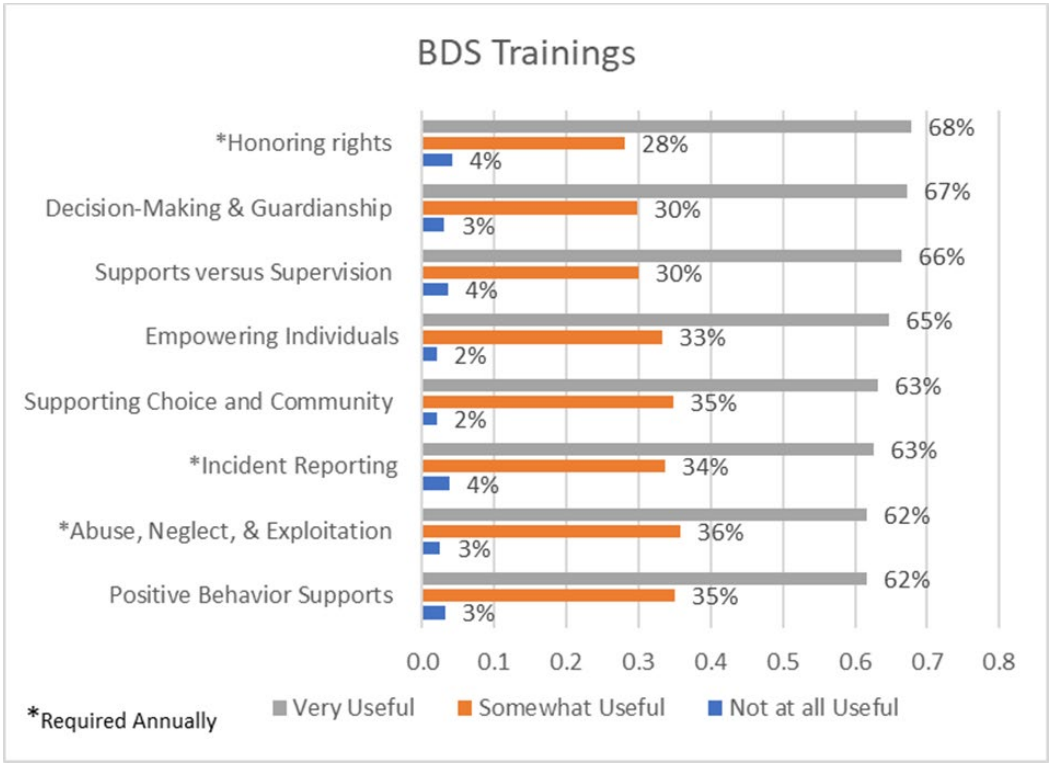
New case management providers must complete the first four BDS training modules (Abuse/Neglect, Critical Events, Human Rights, Incident Reporting) before beginning work with individuals and all case managers must repeat and pass these four trainings annually. Currently, all case managers must complete the five remaining required trainings at least once to complete their 10 BDS-approved training hours. In subsequent years, after completing the four trainings required annually, case managers will be able to select from additional state-approved trainings to complete their 10 hours. BDS is currently updating and reformatting trainings from their previous Learning Management System (LMS) for inclusion in the new/current Case Management Training Series on YesLMS. Performance standards for all training require participants to view training materials in their entirety and achieve specific passing scores on related assessments. BEST practice requires scores of 90% or higher on all assessments, while BETTER practice is achieved with scores between 85% and 89%. Compliance standards mandate a minimum score of 80%, except *for Abuse, Neglect, and Exploitation* and *Human Rights* trainings which require a perfect score of 100%. These standards ensure high competency levels across all training programs. Administrative staff who do not provide direct case management services but may interact with individuals or their representatives are required to complete 1.5 hours of training annually comprised of *Abuse, Neglect, and Exploitation*, *Human*

Rights, and *Incident Reporting Process* trainings. As with case managers, administrative staff must complete their required training before beginning work with individuals.

In addition to 10 hours of BDS-approved trainings, CMOs must provide case managers with an additional 10 hours of competency-based training each year to meet the 20-hour annual training requirement for case managers. These trainings must align with BDS standards and focus on best practices in case management, including Medicaid services, waiver programs, and community resources. CMOs are also responsible for notifying case managers of new initiatives and ensuring training is up to date. All training records must be documented and made available to BDS upon request. Additionally, if BDS identifies systemic issues with a provider's services, the provider must undertake additional training on recommended topics. In addition to their mandated trainings, BDS provides additional opportunities for case managers to meet their annual 20-hour requirement, including in-person, on-demand, and web-based trainings. All opportunities are designed to provide education and training that assists with the day-to-day activities of working with individuals, parents of minor children, and legal representatives, while also meeting the training requirements set forth in 460 Indiana Administrative Code (460 IAC).

A recent survey conducted with over 480 case managers asked them to rate the "usefulness" of 18 separate trainings provided by BDS. Figure 2 provides ratings for the eight most highly rated trainings, which include three of the trainings that are required annually (Honoring Rights, Incident Reporting, & Abuse/Neglect), which indicate that overall case managers perceive BDS trainings as useful to their practice.

Figure 2: Case manager ratings of "usefulness" of BDS trainings



Case managers are also required to complete regular Indiana Office of Technology (IOT) training to access BDS systems. These trainings address cybersecurity topics such as phishing, credential harvesting, and mobile device security, in addition to broader state policies like the Indiana Resource Use Agreement (IRUA). New users must complete IOT training before accessing systems, and monthly training is mandatory thereafter. Users who fail to complete the required training will lose system access until compliance is achieved.

CMO Perspectives: Accreditation, Certification, Training

Across most CMO respondents, CARF accreditation was not a topic that emerged as either helpful or burdensome, though two respondents specifically mentioned it as expensive. Of these, one acknowledged it as a necessary, but not particularly helpful process, despite the cost. However, another perceived the accreditation process as a significant barrier.

"Our accreditation costs went up so, and all of those requirements as part of that contract went up, and that also increases our management overhead. We have to have Indiana Administrative Code match that contract requirement and BDS policies. They (460 IAC) just haven't caught up and they have to, because it becomes a real conflict for especially our accreditation, which they require. If we aren't following administrative code but they are in direct contradiction with each other in a lot of places, and it makes it really hard to then kind of judge by who or which quality standard are you providing the service. For example, requirements for hiring are different in 460 IAC than they are in our contract than they are in BDS policy."

"I think 460 needs to be updated. I mean, I think that that's where the cause, I think BDS wants to go one way, but 460 still is back. BDS is kind of blazing the trail and forcing change. That's how I look at it."

With regard to certification and training requirements, the majority of CMOs reported BDS-approved trainings and particularly the required state certification for new hires as useful. Leadership from some CMOs felt that BDS needed to make more trainings available in order to meet the annual training requirements, while others emphasized the variety and quality of trainings available to CMOs. IOT training and requirements and processes to maintain access to the BDS Portal were recognized frequently as necessary, but burdensome, and that HelpDesk assistance was limited at times. Still, many reiterated that BDS sought and strategically integrated their feedback into the most recent update to the Portal.

"Well, that can be a little difficult [to meet training hours]. *We have to go out and look and provide. Our case managers don't usually have a problem getting it, but if we had to rely on them [BDS], I mean, we'll put up like NACM National Association Case Management webinars that meet it. Typically there's enough out there but not on BDS alone."*

"We actually have found that our new hires do very well on that the certification exam component, and it sets a nice foundation as we delve into, you know, implementation, it's just a good philosophy. So I like it. They are supposed to offer 10 h, and we come up with 10 h. So I'm not sure that this component is that 10 hrs yet."

"So they definitely offer a lot of learning. I don't know if they're at the 10 hrs yet. But I think their training. Yeah, it's a definite improvement and less focus on tasks overall, which is good, because, you know, tasks those change and can get outdated quickly, but philosophies should be foundational. And they have come up with, this year last year on some really good topics like trauma informed care."

"I also think that BDS has provided, you know, on their website lots of different trainings and things that will supplement the quality guide. Some very good specific trainings that show you, how do you operationalize that and I think that's been very effective."

"BDS has offered us so many opportunities for trainings. If you can't hit your, it's 20 h total for the year, then you're just not, you know, present, because there's so many opportunities. You know that that we have that we share. But yeah, the life course, the life course trainings. The Ambassador series, the train-the-trainer series. I mean, we have literally saturated our case managers and our supervisors.

"The IoT has been a little bit of a challenge, sometimes responsiveness of trying to get usernames and passwords. And you know, having to change I think your login every 2 weeks or and then, if you don't do that. Then you get kicked out."

"You have this level of needed security to protect those you know that we serve. We absolutely get it. But I think sometimes that's a little challenging. You know, some of those there's multiple steps to get into systems and do things and all of that."

Enrollment and Onboarding Processes

Waiver enrollment and intake

The BDS team provided a comprehensive outline of their required enrollment and onboarding processes through the Quality Guide for Case Managers and Case Management Organizations (Division of Disability and Rehabilitative Services Bureau of Developmental Disabilities Services, 2022). Notably, neither the processes nor the requirements for onboarding new individuals to the waivers have changed with the implementation of selective contracting for case management. The onboarding process to a new Case Management Organization includes a number of steps, including, a review of (1) the individual's waiver type and status, (2) Medicaid category, benefit plan, and status, (3) Algo and allocation of individuals receiving the CIH of MFP-CIH waivers, (4) a Level of Care Screening Instrument (LOCSI) dated within 90 calendar days, and (5) a Provider choice list for case management (Division of Disability and Rehabilitative Services Bureau of Disabilities Services, 2022). CMO's are responsible for ensuring that this documentation is correct, and if not, they are to contact the district BDS office for resolution.

Summary of Waiver Onboarding Processes

The onboarding processes and requirements for the Family Supports (FS), Community Integration and Habilitation (CIH), and Money-Follows the Person-Community Integration and Habilitation (MFP-CIH) waivers remain unaffected by selective contracting. Each of these processes is different depending on the type of waiver. These include:

- Family Supports Waiver (FS): A waitlist is maintained, with a consistent number of individuals invited monthly to utilize the waiver. As of 11/15/2024, there were 8,480 individuals on the FS waiver waiting list.
- Community Integration and Habilitation Waiver (CIH): Applications are processed through multiple stages of review, with determinations made according to established priority categories for approval or denial.
- Money Follows the Person-Community Integration and Habilitation Waiver (MFP-CIH): This waiver serves as an additional funding stream for CIH waiver holders transitioning from institutional settings to community-based living. MFP-CIH waivers are available based on slot availability.

The provision of services through any waiver is contingent upon the individual's transition to community settings. Once a waiver is approved, the individual undergoes an interview using the BDS Interview Guide, level of care is determined, Medicaid is confirmed, and onboarding begins. While these steps are standardized, there are minor variations within the onboarding system for waiver progression.

Summary of Intake Process

After an individual's record is assigned to a Case Management Organization (CMO), the CMO has five business days to accept the case. Progress is tracked through Intake Initial Contact and Intake Meeting Held case notes. BDS monitors this process and addresses any issues as they arise. Additionally, progress is reviewed as part of the CMO's Quality Tracking Improvement Process (QTIP) meetings.

For non-institutionalized individuals, case managers are allowed up to forty-five (45) days from the date of case acceptance to complete a Person-Centered Individualized Support Plan (PCISP). For individuals being discharged from a facility, a PCISP must be in place to begin waiver services.

BDS Interview Guide

Case managers are provided access to the BDS Interview Guide to support the development of the PCISP. This guide serves as a person-centered resource that aligns with the Life Stages and Life Domains from the Charting the LifeCourse Framework used in the PCISP.

Initial Case Management Only (ICMO) Plans

Introduced in November 2023, Initial Case Management Only (ICMO) Plans activate upon the CMO's acceptance of the case, enabling immediate access to services until the PCISP is completed. If the individual is enrolled in Managed Care or institutionalized at the time of onboarding, the waiver will remain inactive until the Managed Care or facility discharge date is recorded.

ICMO funding for initial case management work supports CMOs in maintaining case sizes in compliance with 1915(b)(4) waiver requirements by ensuring compensation for initial services.

Transitional Case Management

Transitional Case Management provides retroactive funding for case management for the last 180 days prior to discharge from specific institutional settings.

Regardless of whether case management is funded via an ICMO or a PCISP, all standard requirements apply, and monitoring of the case begins immediately.

Evaluation of Intake Process Timeliness

The primary metric for evaluating intake process efficiency is the time from referral date to status date, with a goal of providing a status within five business days of referral. This measure, focused on turnaround time from referral to status date, reflects an enhanced commitment to timely service initiation. BDS monitors this process and has recently updated their system to include this in their regular reporting. Data collected thus far indicates that 88.4% of cases received a status date within the five-day target, with an average processing time of 2.11 days.

Service Contact and Caseload Requirements

Timely Completion of Meetings / Monitoring Checklists

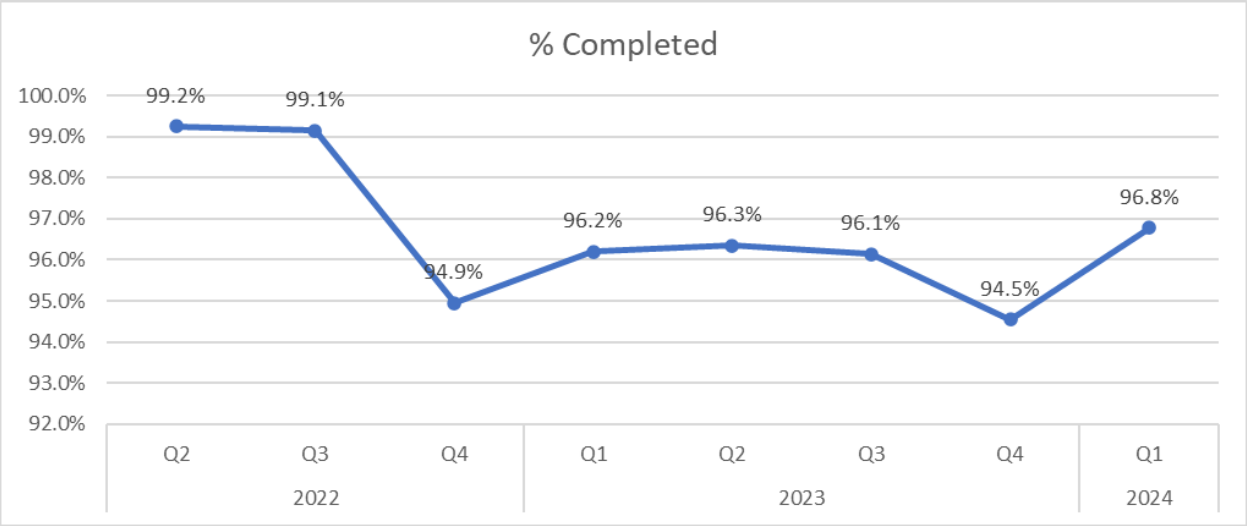
In addition to quarterly monitoring of timely onboarding or initial access to case management services, the BDS also monitors on-going access to ensure consistency in the delivery of services. This is accomplished through quarterly review for completion of "monitoring checklists." Monitoring Checklists are used to ensure case managers review and consistently manage their individuals' planning documents, support and risk plans, medications, health issues, staffing, choice and rights, as well as other issues as they arise. (Division of Disability and Rehabilitative Services Bureau of Developmental Disabilities Services, 2022). Designed as a pre and post-meeting and/or face-to-face visit checklist, they ensure accountability for the individual case managers, as the monitoring checklists are vital to ensuring that the needs and desires of all individuals are met. Use of the checklist pre-meeting prepares the case manager and generates a meeting agenda, through review of specific documents (e.g. PCISP, risk plans, nutritional plans, financial reports, incident reports, etc). After the meeting, the monitoring checklist documents PCISP updates and case notes regarding the individual's environment, as well as staffing, and choice and rights is recorded. By capturing this information, monitoring checklists promote consistency and continuity of care.

An MC is only submitted when a meeting is held and should never be entered twice for the same meeting. MCs are due on the last day of each quarter of the individual's plan year. A grace period of 15 days is provided before and after the due date. For example, a checklist due 03.31.22, a meeting should be held, and checklist entered between 03.15.22 and 04.15.22.

To analyze timely completion of these meetings, the researchers analyzed monitoring checklist submissions over time to report completion rates across all CMO's.

Overall, there was a high percentage of completed monitoring checklists. Over a two-year period, all CMO's had over 90% of their monitoring checklist done, and two CMO's had 100% completion. There were no significant changes across all CMOs, suggesting timely and consistent access and delivery of services.

Figure 3: Completed Monitoring Checklists

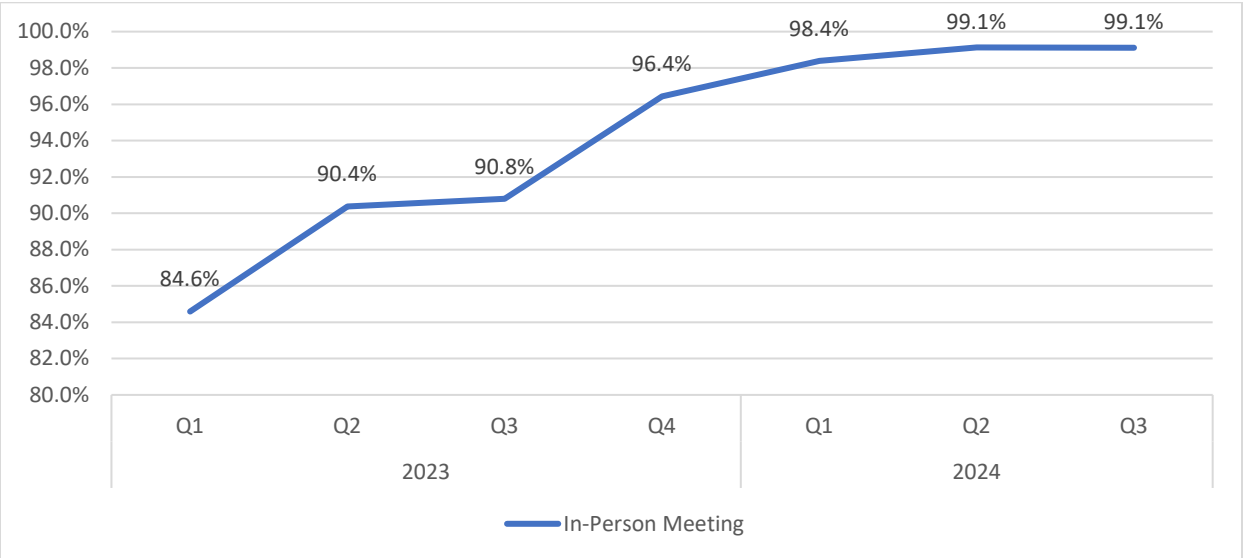


In-Person vs. Virtual Meetings

To assess client interaction patterns, the meeting type of virtual or in-person were documented. The project team reviewed the frequency and proportion of each meeting type to assess this portion of the ongoing quarterly monitoring process. Viewing the data in this way aimed to highlight client engagement strategies and to help inform CMOs about adapting meeting types to meet client needs effectively, especially regarding the use of hybrid service models.

In 2023, there was a notable trend towards in-person interactions, with average in-person rates above 90% for several quarters. This pattern persists into 2024, where in-person sessions reach even higher levels—approaching or exceeding 98% for all quarters of the year.

Figure 4: In Person Meeting Percentages



Caseload

Caseload size is a key factor to providing consistent access to quality case management in Medicaid Long-Term Services and Supports (LTSS), as the capacity of each individual case manager is dependent upon the number of individuals that each serve. Smaller caseloads enable case managers to provide more personalized care, respond to clients' needs in a timely manner, and coordinate services effectively, which improves health outcomes and reduces the risk of complications (Bachman & Barbaglia, 2014; Smith & Thorson, 2016). Larger caseloads, on the other hand, can lead to delays in care, burnout among case managers, and decreased staff retention, which undermines continuity of care (Jones & Green, 2017). Additionally, manageable caseloads help ensure compliance with regulatory standards and contribute to higher client satisfaction by allowing case managers more time to build trust and communicate effectively with clients (Levinson & Berenson, 2015; Zhou & Mo, 2020). Overall, balancing caseloads is crucial for both quality care delivery and positive client outcomes in Medicaid LTSS programs.

As of 2024, there are 746 full time case managers in the state of Indiana across all 6 CMOs, with 61 part time case managers for a total of 807 case managers employed at the time of data collection. Statewide, the average case load size for a full-time case manager was 43.72 individuals, while part time case managers averaged 10.7 individuals on their case load. It is important that while BDS provided guidelines, indicating 45 individuals as a maximum caseload for full-time case managers, caseloads were not regularly monitored prior to selective contracting. While exact numbers with respect to part time vs full time case managers prior to selective contracting were not available, in their application for the 1915(b) (4) waiver, the state reported that 715 case managers across 10 CMOs served a population of approximately 32,000 suggesting an overall decrease in average caseloads.

BDS has established an allowable caseload limit of no more than 45 individuals per full-time case manager within case management organizations. To assess Indiana caseloads, the evaluation team analyzed annual averages from 2022-2024, which is monitored quarterly via the quarterly performance reports established by BDS. Using data from a three-year timeframe provided annual averages for year-over-year comparisons, reducing variability due to seasonal or quarterly fluctuations in caseloads. Since different CMOs may have varying internal practices for recording caseloads, the researchers standardized the data by ensuring all numbers were reported in a similar manner across organizations and over time.

Table 1 presents the average caseloads of six Case Management Organizations (CMOs) over three years (2022, 2023, and 2024). Results indicate that in 2022, two CMOs had average caseloads exceeding the allowable limit of 45 individuals per full-time case manager, with CMO 4 at 48.00 and CMO 6 at 46.27. Similarly, in 2023, 3 separate CMOs continued to exceed the limit, with CMO 1 at 45.94, CMO 4 at 46.82 and CMO 6 at 45.85. Finally, in 2024 CMO 1 and CMO 4 again exceeded the limit, with CMO 1 at 47.39 and CMO 4 at 47.03.

Additionally, three CMO consistently kept its caseloads below 45 for all three years. The data suggests that while some CMOs managed to maintain caseloads within the required threshold, others consistently exceeded it, indicating potential challenges in managing caseloads effectively.

Table 1: Average Case Load Across CMOs 2022-2024

Year	CMO 1	CMO 2	CMO 3	CMO 4	CMO 5	CMO 6
2022	44.30	39.39	40.72	**48.00**	42.94	**46.27**
2023	**45.94**	38.93	40.55	**46.82**	41.79	**45.85**
2024	**47.39**	37.13	39.47	**47.03**	41.94	43.23

Service Utilization

Descriptives of Waiver Participants

In order to address service utilization of the system, the demographic composition of individuals receiving Case Management was utilized to determine who was utilizing services, and where across the state they are located. This data is from the 2024 sample of all individuals who receive Case Management services across the state of Indiana. Descriptive statistics of waiver participants are found within this section distributed into their districts across the state of Indiana. BDS maintains 8 separate districts with a separate district office that supports work within each of these areas. The 8 districts are spread across the state of Indiana, with Indianapolis, the largest population center being found in district 5. Further details about the districts can be found at https://www.in.gov/fssa/ddrs/files/BDS-District-Offices.pdf

Regarding race, of the 31,753 participants in the available sample, the majority of total participants were white males, from District 5 (Table 2). District 5 is the location of the largest population hub in the state of Indiana, with Indianapolis and its surrounding suburbs, so a higher population in this district is anticipated. However, district 5 doubles the number of participants in comparison to the other seven districts, indicating that this district office may deal with a greater number of cases than any other district.

District 5 saw a higher number of Asians (1.77%) and participants that described themselves as others (Table 2). This aligns with the higher total participants in district five compared to the rest of the seven districts. Half of the districts, or four of the eight had 90% of their total participants be white. Two districts saw 72% or less of their total participants described themselves as white. The second most common response for race was Black or African American, with two districts being above 20%. The least common responses from participants were American Indian (less than 1%), and Native Hawaiian or Other Pacific Islander (less than 1%).

Table 2: Race as Percentages Across BDS Districts

District	American Indian	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Other	White	Total
1	0.32% (11)	0.55% (19)	21.55% (742)	0.06% (2)	14.03% (483)	66.08% (2275)	3443
2	0.52% (22)	1.14% (48)	11.56% (487)	0.14% (6)	8.83% (372)	81.80% (3447)	4214
3	0.75% (28)	1.56% (58)	11.00% (410)	0.16% (6)	6.06% (226)	83.55% (3114)	3727
4	0.40% (11)	0.97% (27)	4.89% (136)	0.04% (1)	5.35% (149)	90.33% (2514)	2783
5	0.35% (32)	1.77% (161)	21.57% (1966)	0.18% (16)	8.20% (747)	71.96% (6558)	9114
6	0.64% (18)	0.39% (11)	8.01% (226)	0.07% (2)	2.73% (77)	90.57% (2556)	2822
7	0.08% (2)	0.63% (16)	9.29% (237)	0.00% (0)	3.18% (81)	90.47% (2307)	2550
8	0.42% (13)	0.65% (20)	4.84% (150)	0.03% (1)	3.61% (112)	92.19% (2858)	3100

*Total sample size in parentheses

Each of the eight districts saw 60% or more of their participants being male, while roughly 35% of participants were females. Further information regarding gender can be found in table 3.

Table 3: Gender as Percentages Across BDS Districts

District	Female	Male
District 1	35.20% (1212)	64.80% (2231)
District 2	35.20% (1482)	64.80% (2732)
District 3	38.80% (1446)	61.20% (2281)
District 4	34.20% (953)	65.80% (1830)
District 5	33.60% (3066)	66.40% (6049)
District 6	36.10% (1019)	63.90% (1803)
District 7	35.40% (902)	64.60% (1648)
District 8	36.50% (1131)	63.50% (1968)

*Total sample size in parentheses

Table 4 shows whether participants identified themselves as Hispanic or Not Hispanic. Seven of the eight districts had over 90% of their participants identify themselves as Not Hispanic or Latino. District 1 represented the largest Hispanic population with 14%.

Table 4: Ethnicity

District	Hispanic or Latino	Not Hispanic or Latino	Total
District 1	14.32% (493)	85.68% (2950)	3443
District 2	8.04% (339)	91.96% (3875)	4214
District 3	4.02% (150)	95.98% (3577)	3727
District 4	3.16% (88)	96.84% (2695)	2783
District 5	5.54% (505)	94.46% (8611)	9116
District 6	2.34% (66)	97.66% (2756)	2822
District 7	2.35% (60)	97.65% (2490)	2550
District 8	2.90% (90)	97.10% (3010)	3100

*Total sample size in parentheses

From the two waivers systems, more participants came from one CMO, 58% of the CIH and 41% of the FSW population all were receiving case management services from one CMO. Two CMO organizations had less than 10% of the total participants across all six CMO's from both waiver services. Further information can be found in figure 5.

Figure 5. Waiver types by Case Management Organization

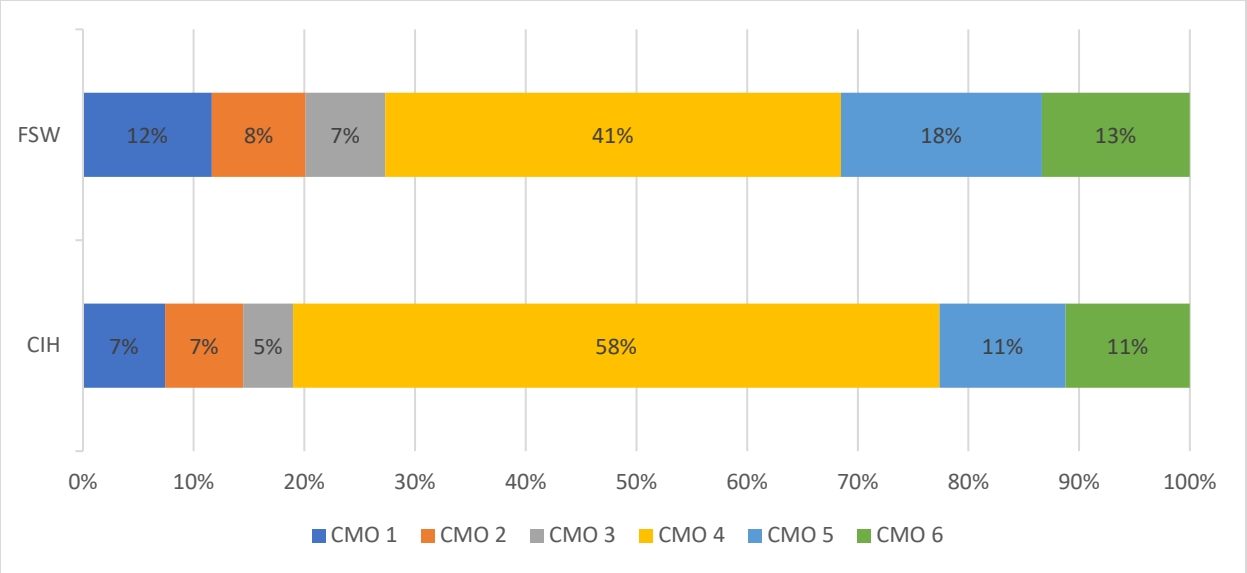


Figure 5 can be placed into further context with table 5, which highlights the overall spread of case managers across the 6 CMOs. As can be seen, CMO 4 services the vast majority of each of the waiver types but it also employs a large percentage of the overall workforce, totaling 41% of the overall population of case managers. Further information about organizational size can be found in table 5.

Table 5. Organizational Percentage of Total Case Manager Workforce

CMO	Full Time Case Managers	Part Time Case Managers	Total Case Managers
CMO 1	9% (67)	9% (67)	9% (74)
CMO 2	11% (81)	11% (81)	12% (97)
CMO 3	9% (66)	9% (66)	9% (76)
CMO 4	43% (319)	43% (319)	41% (329)
CMO 5	15% (115)	15% (115)	16% (128)
CMO 6	13% (98)	13% (98)	13% (103)
Total	**100% (746)**	**100% (61)**	**100% (807)**

*Total sample size in parentheses

CMO Perspectives: Quarterly Monitoring and Service Utilization

CMO leaders cite the quarterly monitoring useful in providing feedback and oversight and perceive that is has increased the quality and consistency of case management within their CMOs and state-wide, as well as helpful in assisting with mentoring and supervision.

"...when it comes to service oversight. I really feel that individuals who are on these Medicaid waivers really deserve to have that delivered to them the same way, regardless of what part of the state they're in, what case management organization they're with and what case manager they have individually. And I really feel like this RFS contract and BDS has done a really good job really streamlining that and bringing that all together."

"...And I feel like, even though we're our own individual company. We are all very much providing case management services to all of the individuals across the State of Indiana.

"...If we need to look at our process of how we're monitoring completion of that work. We can utilize that data for performance improvement. BDS is always very..., it is never used as a punitive kind of format. It's always as, here are areas where you know, you're maybe not doing so well. Tell us what's going on, or tell us, what kind of resources might you need or support? Do you need from us in order to help you to improve these measures? And I think that's really, really critical, you know, when it's the utilization of that data is to support a case management organization and not to say, Hey, I got you."

"...There has been an improvement on the quality of case management in general from before selective contracting. I think, overall it's been an improvement in the quality and consistency of case management which.... we rise together right?"

CMO leaders also see the caseload monitoring and maximum guidelines as a positive requirement and all cite various ways that they are able to meet those requirements, even though the quarterly monitoring data indicates that many CMOs are frequently exceed the 45 individuals on a caseload guidance.

"…So our average caseload size is. And we cap our full time caseload sizes at 45, which is what BDS [mandates]. We also allow case managers that want to come work for us to work part time and that's a huge thing as well for maintaining caseloads."

"…We have what's called an intake coverage coordinator. So there's 17 spread around the State. So anyone that's a new intake, new to the waiver. Primarily that process is completed by those staff so they don't have a current caseload. And then, we hire based on, you know, where we need. So that position gives us a little flexibility to grow than hire, because really, I mean, our rate does not sustain advanced hiring."

"…And then we have dedicated positions just to Caseload coordination, which again goes back to, that's completely overhead. But it's absolutely required, because when you're looking at, you know, our caseload of 4,000 people, or whatever it is. Currently, you know, as a whole, you're holistically trying to not just serve those people, but you're trying to make it the best it can be for the case managers to again reduce turnover. Kind of address, burnout, and secondary trauma."

Additionally, with regard to service utilization, it is clear that even though all CMOs provide case management services state-wide, managing access through proximity to facilitate in-person contact can is still a challenge especially in rural areas.

"…And we also, demographically, we never want a case manager to drive through another county to get to a county where they have to serve a family. So whatever county that case manager lives in, and then any county that touches and surrounds that county that's their backyard. That's their demographic area. So they have the ability to serve those individuals and not have to drive an hour and a half to get to them, but it takes tremendous coordination."

"…What happens? And it does every time. A case manager is given a group of individuals on their caseload, and it's an hour and a half drive. Yeah, at 1st they are ambitious. They're going to say, Yeah, I'll do it. But in a year or 2 they're going to look. Hey? Can I get some cases closer to me? So I have to drive so much. And then, before you know it, this family was with a case manager for a year and a half, and now we've got to put them with somebody else."

"…We never want our case managers to be driving over 45 min, because then that provides that case manager with longevity, but you can't avoid that altogether."

Strengths: Access

Upon review of the indicators included above which relate to Access, the evaluation team has identified the following strengths:

1. The application to move to selective contracting with CMOs was clear in its intent to ensure that access was not impacted by the change to 6 CMOs.
2. The BDS team has developed a clear process for onboarding and intake that involves clear steps for both BDS and individual CMOs to follow. An individual who is being onboarded is supported throughout the process by these two entities and there is ample information available to families to make an informed choice on their CMO decision due in part to the CMO choice list.

3. Individuals are utilizing case management across the entire state of Indiana, and there is a broad demographic makeup of the recipients of case management services. CMOs are broadly providing case management services across both waiver types.
4. BDS has an Access and Oversight report that provides the number of waiver participants served in each county by each individual case manager within and across CMOs. This report was developed during the transition to selective contracting to ensure each CMO demonstrated capacity to provide services state-wide. The report continues to be used to monitor access to services across CMOs, particularly in instances where an intake is not accepted by a CMO.
5. Requiring external independent accreditation of each CMO ensures that organizations can provide services adequately across the state of Indiana. Access is impacted by ensuring that each of the 6 CMOs are adhering to the reports that they receive from accreditation agencies.
6. The vast majority of monitoring checklists are being completed in a timely manner, ensuring that case managers are providing access to the services that individuals require.

Opportunities for Improvement: Access

Upon review of the indicators included above which relate to Access, the evaluation team has identified the following recommendations:

1. To further assess how CMOs are implementing practices to improve standards, maintain compliance and agency effectiveness, further analysis of accreditation reports is necessary. The BDS team could be identifying any commonalities among the CMOs in what is being noted and how they are addressing the items? What are the differences? Have CMOs received the same recommendations, and did they address them similarly? What could CMOs learn from one another in how they responded (or not) to the notes provided from accreditation agencies?
2. BDS and/or individual CMOs should evaluate the effectiveness and impact of trainings through a formalized tracking instrument that expands past current compliance analysis to determine the connection between training performance and key outcomes, such as service provision. Through this process, BDS could additionally identify trainings that address specific gaps in the field, or restructure aging trainings which need updates.
3. The monitoring checklists are a valuable tool for the case managers and the CMOs and ensure they are meeting with individuals every 90 days and are up to date on individual cases. Completed as intended, the monitoring checklist supports the case manager in their review and management of the individual's annual planning documents, support and risk plans, health issues, staffing, choice and rights, and employment as well as other issues. Further it ensures services and supports are being provided and correctly implemented in a timely manner. When issues are identified, corrective action plans (CAPs) must be created and resolved. It is recommended that the Incomplete CAP report be revised to include an at-a-glance view of the question that triggered the CAP to identify trends in individuals' experiences.
4. BDS could improve CMO compliance with caseload requirements by sharing successful strategies for maintaining caseload size. As multiple organizations repeatedly passed caseload requirements over multiple years, CMOs could benefit from recognizing how

maintaining appropriate caseload size for case managers increases access to services for the individuals receiving case management services.

5. Although BDS had developed an Access and Oversight report that can be used for monitoring coverage across the state for each CMO, this report could be used to analyze CM caseloads across geographic areas within and across CMOs. Additionally, this report could be integrated with individual service recipient socio-demographic and program information (e.g. waiver program, level of care, race-ethnicity) to analyze trends or disparities in access within or between CMOs relative to service recipient needs and characteristics.

Quality of Case Management Services

A core requirement of the 1915(b) waiver program is to ensure that the quality of services provided to participants is not diminished compared to the system prior to the waiver. Evaluating the impact of the waiver on service quality is essential to identify strengths, address gaps, and implement continuous improvements. This section outlines the quality indicators used to assess and maintain high standards of care under the waiver program.

Our analysis focuses on key aspects of service quality, including monitoring processes, external evaluations, and participant satisfaction. The goal is to evaluate the effectiveness of current measures, define areas for improvement, and ensure that services consistently meet or exceed established standards of quality.

The following quality indicators are examined:

Monitoring and Quality Oversight of Case Management Organizations: This includes trend analyses of File Reviews (previously Case Record Reviews) and Person-Centered Individualized Support Plan (PCISP) rubric scores, feedback mechanisms to Case Management Organizations (CMOs), and descriptions of the improvement processes at both the state and CMO levels. The frequency and impact of "road shows" offered as part of training and support are also evaluated.

External Quality Review [Liberty] Methodology and Findings: The Quality On-Site Provider Review (QOPR) processes are analyzed, including how findings are communicated to CMOs. Ratings on individual indicators, complaint investigation procedures, and data on corrective action plans provide a comprehensive view of external quality oversight.

Individual and Family Satisfaction and Outcomes: Satisfaction surveys for case management services, National Core Indicators (NCI) family and individual surveys, and multi-year trend analyses (2021–2024) highlight participant and family perspectives on service quality and outcomes.

By addressing these indicators, this section aims to present a robust evaluation of the quality of services provided under the waiver and propose actionable measures to ensure ongoing excellence and participant-centered care.

Monitoring and Quality Oversight of Case Management Organizations

BDS has established a framework for monitoring and quality oversight of case management organizations (CMOs) to ensure the delivery of high-quality services. This framework includes oversight of case management activities, investigations, and fraud detection to maintain accountability and continuous improvement. This process is outlined in the BDS Quality Guide for Case Managers and Case Management Organizations (Division of Disability and Rehabilitative Services Bureau of Developmental Disabilities Services, 2022). All CMO and case manager operations are subject to ongoing oversight and monitoring by BDS, and throughout all evaluative practices, BDS utilizes a Plan-Do-Check-Act (PDCA) model to foster a

culture of continuous quality improvement. The goal of this process is to ensure that there is continuous improvement throughout the system. The steps of the model include:

Plan: Develop strategies.
Do: Execute plans and collect data.
Check: Review collected data.
Act: Revise and improve plans as necessary.

Case management organizations are required to implement a comprehensive, two-pronged quality assurance approach, covering both prospective and retrospective quality assurance, ensuring quality before services are delivered and evaluating and improving after services are delivered. As outlined in the quality guide (Division of Disability and Rehabilitative Services Bureau of Developmental Disabilities Services, 2022), each CMO is expected to have a quality assurance plan which addresses the following areas:

- Service Delivery: Statewide availability of case management services.
- Case Manager Oversight: Regular review and support of case managers.
- Documentation: Verification of compliance with waiver and state guidelines.
- Regulatory Compliance: Adherence to the 1915(c) waiver definitions, FSSA/DDRS/BDS guidelines, and provider manuals.
- Employee Training: A detailed plan for training case managers, including frequency, modality, and topics.
- Performance Monitoring: Annual reviews of case managers' activities and documentation, feeding into training and evaluations.
- Feedback and Complaints: Mechanisms for collecting and addressing feedback from individuals, including satisfaction surveys and complaint investigations.

Each CMO will utilize this information to develop a status report to BDS at the end of the calendar quarter. To support oversight, CMOs must provide detailed reporting and participate in collaborative activities with BDS Quality Assurance which include, but are not limited to:

- Quarterly Quality Tracking and Improvement Process: Summaries of case management services, quality assurance activities, case audits, trends, outstanding issues, and action items. The final report of the year compiles all quarterly updates.
- Additional Reports: Case management organizations must prepare ad hoc reports as requested by BDS Quality Assurance to address specific service delivery or quality concerns.
- Semi-Annual Collaborative Touchpoints: Meetings with BDS leadership to review progress and discuss action plans.

In addition to this data collection, BDS actively monitors critical case management activities through their own system, including:

- Person-Centered Individualized Support Plans (PCISP): Monitoring the development and implementation of plans and service provision.
- Level of Care: Ensuring appropriate eligibility determinations.
- Case Records and Documentation: Verifying compliance with required standards.
- Meeting Requirements: Ensuring all mandated meetings occur as scheduled.

- Training Compliance: Verifying that case managers meet training requirements.
- System Access: Ensuring secure and appropriate access to state systems.

This systematic approach ensures that case management organizations meet established standards and continuously improve the quality of services for individuals receiving BDS supports.

Ongoing Quality Improvement Practices

This section outlines key quality improvement practices and tools designed to ensure compliance and enhance service delivery by case management organizations and case managers. The focus includes the Quality Tracking Improvement Process (QTIP), Case Record Reviews (CRR), Quarterly Performance Reports, Semi-Annual Collaborative Quality Touchpoints, Annual Summary Reports, and the Individual and Family Satisfaction Survey.

Quality Tracking Improvement Process (QTIP):

Each quarter, case management organizations participate in data reviews focusing on summaries of service data, quality assurance activities and case audits, outstanding issues or action items from prior quarters, and emerging trends (quarterly and longitudinally). BDS collaborates with organizations to refine and adapt the review content based on identified needs. Much of the data that was summarized throughout this report was generated through the QTIP monitoring process, as these were made available to the evaluation team.

File Reviews

A File Review, formerly the Case Record Review, is a systematic monthly evaluation conducted by the BDS using a waiver-specific sampling methodology and specified compliance indicators and guidelines. It assesses the compliance of case management files with applicable federal and state rules, including the HCBS Final Rule on Settings, Federal Code, Indiana Code, Indiana Administrative Code, and BDS-specific requirements. These include an individual's living arrangements, emergency contacts, and guardian details (if applicable), and Person-Centered Individualized Support Plans (PCISP), including risk assessments and identified risk plans, annual choices regarding waiver or non-waiver services, and signed provider choices for all services. The compliance indicators reviewed are as follows:

- Does PCISP include a completed Risk Assessment as demonstrated by information included in the appropriate Life Domain?
- Are the risk plans identified by the IST in the risk assessment attached to the PCISP and are they reviewed/updated during the service plan year? [CMO File Review/Alignment of Plans: HRPs attached and reviewed/updates]
- If the individual's condition or circumstances changed, was the PCISP updated? [CMO File Review/Alignment of Plans: PCISP updated if individual's condition/circumstances change]
- Did the individual receive the services and supports in their plan in the stipulated type, scope, amount, duration, and frequency?
- Is there a signed initial BDS Signature Page with the Freedom of Choice section signed by the individual/guardian?

File Reviews ensure adherence to federal and state regulations, including HCBS Final Rule settings, CIH/FS waiver requirements, and BDS case management standards. BDS requires timely remediation of any compliance issues identified:

- BDS conducts a File Review and identifies a compliance issue.
- BDS notifies the Case Manager and designated CMCO File Review Supervisor/ Administrator, via a secure email, that a File Review has been conducted, and remediation is required. (Note: Notification will contain the compliance issue(s) as well steps to remediate.)
- The Case Manager has twenty (20) business days to correct any deficiency identified in the initial notification of compliance issue.
- BQIS verification of remediation: a. If remediation to address compliance issue is implemented successfully, the case is closed and the Case Manager and designated CMCO File Review Administrator is notified via a secure email. b. If remediation to address compliance issue is 'Not Implemented Successfully', the Case Manager and designated CMCO File Review Administrator will be notified via a secure email and will have ten (10) additional business days to successfully implement remediation, or the case is referred to the BDS Director for further action.
- Upon full implementation of remediation, BDS notifies the Case Manager and designated CMCO CRR Administrator, via a secure email, of compliance and case closure.

Based on the File Review compliance data provided by BDS, the percentage of indicators found compliant during monthly file reviews varying in their rate of compliance across indicators, but all rates of compliance across ALL indicators are increasing based on quarterly reporting. The highest rates of compliance were attained on the indicator, "Did the individual receive the services and supports in their plan in the stipulated type, scope, amount, duration, and frequency," with an average compliance rate of 99.70% across all inclusive quarters available (2023Q3-2024Q2). Lower rates of compliance were noted related to the appropriate development of risk plans (61.20%) and subsequent review/updates to risk plans (69.23%). However, it should be noted that across all quarters, all compliance issues were remediated across all indicators within 20 days as required by BDS.

Personal Centered Individualized Support Plan Rubrics

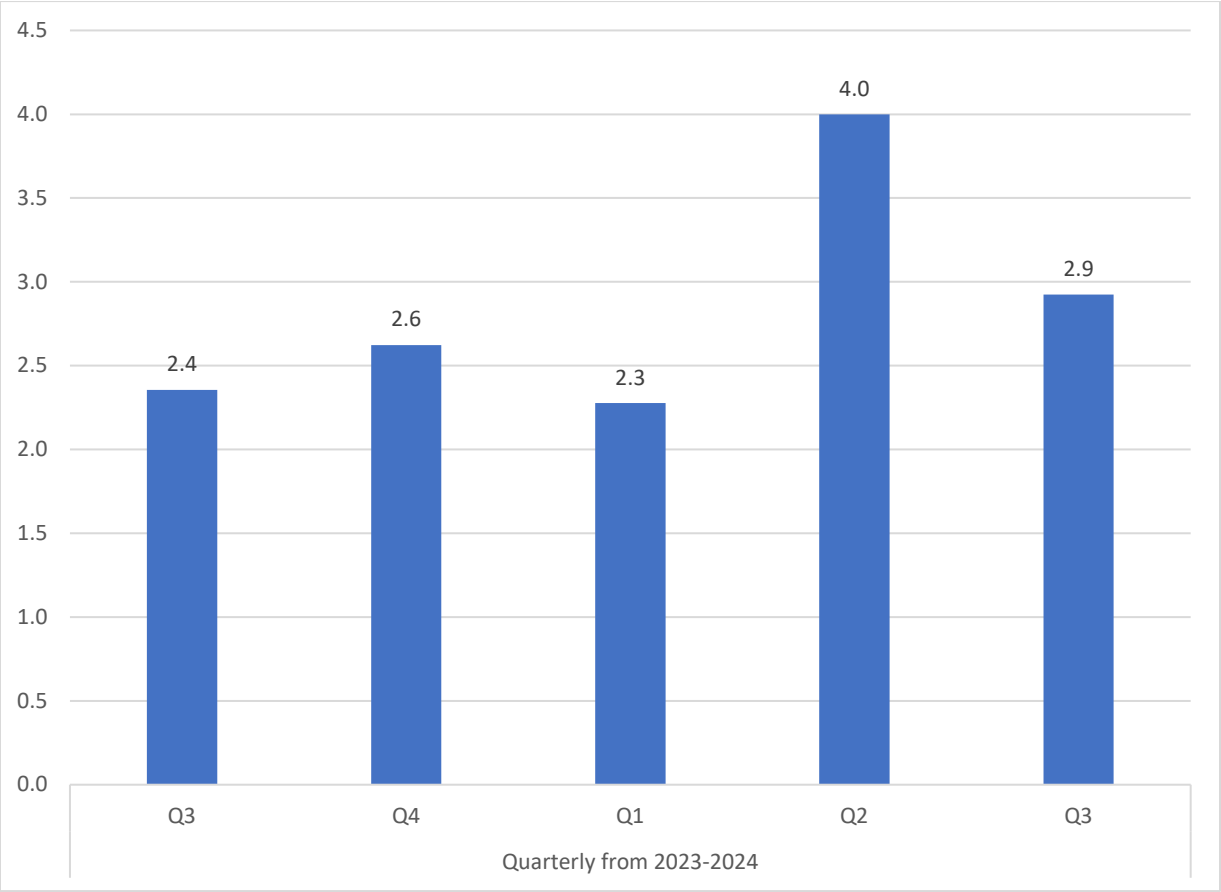
The Person-Centered Individualized Support Plan (PCISP) process begins with an individual's vision for a preferred life and will take the concept of self-determination from theory to practice. This approach allows individuals to shape a flexible, personalized plan reflecting their aspirations, using clear language to foster open conversations with their support teams. The PCISP promotes individuals to exercise self-determination and choice. In addition, it focuses on meaningful outcomes and encourages collaboration among the support team through structured guidance, ensuring everyone works cohesively to support the individual's goals.

The BDS instituted a new rubric process to score and evaluate PCISP's across the 6 CMO's in Indiana. Through this process, BDS scores several PCISP's on a rubric in addition to the individual CMO's scoring their own PCISP's. This process began in Q1 of 2022 as part of the ongoing QTIP monitoring done by the state. The scoring of the PCISP is along three separate

domains, a strengths-based average, a person-centered average, and an integrated supports average for a total of 9 points overall.

In 2023, the BDS scores from the PCISP rubrics remained relatively stable, with quarterly values ranging from 2.4 in Q3 to a high of 2.6 in Q4. In 2024, the BDS scores showed more variation, indicating shifts in service delivery or individual progress on drafting PCISPs. The BDS score declined slightly to 2.3 in Q1. However, there was a significant improvement in Q2, with the BDS score rising to 4.0—the highest score recorded across all quarters. As this is a new practice, BDS anticipates further growth throughout the CMOs on their scores throughout the coming years of implementation.

Figure 6. PCISP Review Scores



Semi-Annual Collaborative Quality Touchpoints

Twice a year, all case management organizations are required to participate in collaborative touchpoints with BDS. BDS will set the agenda for these sessions, though case management organizations may contribute items for discussion. Attendance at these meetings is restricted to leadership staff and must include at least one member of the executive team and the compliance officer. Depending on BDS's discretion, the touchpoints may be conducted virtually or in person at the Indiana Government Center. Additionally, case management organizations are expected to attend any additional meetings requested by BDS.

Annual Summary Reports

Beginning in 2025, BDS will introduce an annual summary report that consolidates the information provided in the quarterly reports, including a detailed account of activities and outcomes from the fourth quarter is created for each CMO. This report also serves as a comprehensive compilation of all quarterly updates from the calendar year, providing a longitudinal view of the organization's performance and quality improvement efforts.

Complaints Investigations/Corrective Action Plans

This report provides an analysis of complaint investigation data for six Case Management Organizations (CMOs) from 2022 to 2024. Our primary goal is to identify common trends and issues across these organizations and to highlight the most common complaint categories.

In the three-year period, one organization consistently reported the highest number of complaints (22). Another organization followed closely with 20 total complaints which peak in 2022 but remain relatively high in subsequent years. In contrast, the organization with the lowest complaint frequency accumulated just 5 complaints over the same period and maintained a generally low and stable count each year. Further information is available in table 6.

Table 6. Complaint number by years

CMO	2022	2023	2024	Total
CMO 1	6	6	3	15
CMO 2	5	6	7	18
CMO 3	1	3	1	5
CMO 4	6	2	4	12
CMO 5	9	5	6	20
CMO 6	6	8	8	22
Average	5.5	5	4.8	15.3

Table 7 illustrates the most frequently cited complaint. The failure to implement or incorrectly implemented services cited 19 times. In addition, documentation-related issues were also prevalent, with failure to document case management and failure to submit required documentation each reported 11 times.

Table 7. Most Common Complaints across All Organizations

Complaint	N
Failure to Implement/Incorrectly Implemented Services	19
Failed to Document (Case Management)	11
Failure to Submit Required Documentation	11

To provide additional context, these numbers represent a small percentage of the overall population of individuals receiving case management services. The case management system regularly supports over 30,000 individuals receiving services; thus, these complaint numbers represent a significantly small percentage of the overall population in any given year.

Beyond the standard reporting requirements, case management organizations may be called upon to produce one-time or ongoing reports as requested by BDS. These reports are designed to address specific trends or quality assurance issues that may arise and ensure that any concerns related to service delivery are adequately documented and addressed.

Case Management Road Shows

In January 2022, with the start of contracted case management and introduction of required Quality Tracking Improvement Process (QTIP) meetings, Case Management Organizations (CMOs) gradually recognized a need for active involvement and support from BDS to make the necessary improvements to their case management practices. As such, in March of 2023, BDS offered question and answer (Q&A) sessions with CMO leadership and case management supervisors. However, only two CMOs requested and participated in a Q&A session but were reluctant to ask any questions and BDS determined they needed a different approach. In response. BDS decided they would provide support through virtual “road shows” when and where BDS or a CMO saw a need.

A road show is designed specifically for one CMO for a set point in time. In preparation, BDS discusses needs identified by the CMO and reviews related QTIP metrics, trends, and any issues recently noted. At the end of each BDS presentation the CMO leadership and supervisors are encouraged to ask questions, either about topics presented or other areas where the CMO is seeking further guidance.

The first two roadshows occurred in March 2023, with two others to round out the year. In 2024, five roadshows have taken place. As of November 2024, 4 out of the six CMOs have participated in a roadshow, with 2 having requested more than one. Of the CMOs, one has participated in six roadshows. Using a visual analysis in table 8, the project team assessed which CMOs requested and participated in roadshows.

Table 8: Road Shows

CMO's	Road Show Number	Dates	Topic
CMO 1	1	11.06.24	The impact of living arrangements on service planning
CMO 2	1	03.22.23	Q&A with Supervisors
CMO 3	1	10.24.23	Business Systems & Processes
CMO 4	1	03.02.23	Q&A with CMO 4 Supervisors
CMO 4	2	07.13.23	Business Systems & Processes
CMO 4	3	01.11.24	Case Management Practices
CMO 4	4	02.09.24	Service Planning Through the PCISP
CMO 4	5	06.19.24	Key project updates (waiver amendment 07.01.24)
CMO 4	6	11.06.24	Components of Quality Case Management

CMO Perspectives: Quality Tracking and Improvement Process

A consistent recurring challenge reported across all CMOs leaders focused on the subjectivity of the File Review and PCISP rubrics and scoring, while still recognizing the importance of having a quality metric to improve PCISPs and advance person-centered planning. Additionally, one of the bigger CMOs expressed difficulty in just meeting the sample requirements for quarterly reviews. However, many cited the semi-annual meeting where BDS and CMOs came together and used the rubric to score the same example PCISP as helpful in beginning to share and discuss different interpretations and work toward greater inter-rater reliability.

"…And while I have really wrapped my arms around the rubric, and I love what it's wanting to do. The only downfall that I see is the rubric is very subjective. The way we are looking at the rubrics and the file audits and the way I think the BDS staff are doing it are very different. The rubric is always going to be very subjective. That's not going to change. But as long as the people that are looking and touching and scoring are trained on the same page, that interpretation then, will be more similar."

"…and it is very difficult to meet their requirements for the reviews. We have to almost go through all 15,000 individuals and find 87 every quarter. By manually going through, I mean, we have tried to build automatic polls. But then it doesn't, you know. So we've been advocating. Give us the list of individuals you want us to review, and we'll review them."

"…You know, with some of the like, you know, the record reviews, the rubric. It's 1 thing to have a challenge. It's another to have a State acknowledge it's a challenge…. I think you know it's, the

intent is to really have a great way to review quality, have good inner rater reliability. We understand the necessity for that, you know. Get rid of some of the subjectivity associated with it, because I think the rubric right now can be challenging, because it's kind of there are some areas where might be a little subjective. And you know what we think might not necessarily be what somebody else thinks, or sometimes we score ourselves lower than BDS scores us. And then we're trying to find. Okay, well, what is the, you know? What really are those variables? What are the expectations and BDS has acknowledged that. And I know they're trying to work to really get a good quality kind of metric for that piece. As well. So that's probably been a little bit of a challenge."

Despite challenges with certain metrics contained in the QTIP, CMOs overwhelmingly see the BDS quality assurance mechanisms that were instituted through selective contracting as improving not only the quality of case management services, but also improved relationships with BDS and between CMOs. In particular, they reported an increase in open and transparent communication, and supportive as opposed to punitive responses from BDS as a clear benefit of selective contracting. Moreover, they reiterate the Semi-Annual Touchpoints as a facilitator of these relationships and view the Road Shows as a way they have received personalized expertise and technical support.

"...BDS is always very, supportive, it is never used as a punitive kind of format. It's always as here are areas where you know, you're maybe not doing so well. Tell us what's going on, or tell us, what kind of resources might you need or support? Do you need from us in order to help you to improve these measures? And I think that's really, really critical, you know, when it's the utilization of that data is to support a case management organization and not to say, Hey, I got you!"

"...But since the selective contracting process has been a much clearer communication."

"...reiterate BDS commitment to open dialogue. Like I can reach anybody at any time that I have a question or a need or concern and that that openness is consistent across CMOs, which is good, and then their commitment that everyone's on the same page."

"...but I felt like each separate Case Management Company was very much on an island, so to speak. And you know we did what we were doing. Other case management companies were doing what they were doing. Obviously, we were following BDS directives, but I feel, since we have gone to these RFS contracts where I believe there's 6 of us now that we are...so even though we're each our own Independent CMO company. We're also very connected, which I really like BDS and DDRS have both done a really good job."

"And we've been a benefactor of those, road shows have been really helpful. And so it's being able to, when we've identified maybe some kind of pocket areas of a certain aspect of the case management role where, we're struggling a little bit. The roadshow gives an opportunity for just some real, direct kind of feedback, and you know, guidance on the specific questions that we may have about a particular topic like, for example, risk plans or something. Maybe we're kind of struggling with, do we need a risk plan? Do we not need a risk plan, you know. Sometimes a roadshow has kind of helped, obviously, for us to use the quality guide. But then also, let's kind

of, you know, help to maybe think critically a little bit about here. There are other resources that might be available that would help you to have a better understanding of maybe risk plans and the need for those and that kind of thing. So yeah, …. She's done a couple of those for us since. Well, since last year, and our supervisors are incredibly receptive to that. And I think it's been very helpful."

External Quality Review [Liberty] Methodology and Findings

The evaluation of Home and Community-Based Services (HCBS) in Indiana includes a comprehensive assessment conducted with individual service providers every 4 years through the Quality Onsite Provider Review Process (QOPR). This external quality review evaluates services using multiple methods, including direct observation, document analysis, and in-depth conversations with a diverse group of stakeholders such as individuals receiving services, Direct Support Professionals (DSPs), management staff, and executive-level staff.

The evaluation framework is grounded in Charting the LifeCourse life domains and HCBS regulatory requirements and focuses on person-centered service delivery and quality outcomes. Key outcomes are assessed using predefined indicators designed to measure the extent to which services support the individual's vision of a good life.

Indicators and Their Ratings

To evaluate service quality, the QOPR employs a provider tool that collects data on eight provider indicators focused on organizational and systemic aspects of service delivery. Additionally, the QOPR uses an individual tool to collect data on up to 25 individual indicators that are focused on quality and impact of services on an individual's experience and outcomes.

If the organization serves <50 individuals, four (4) individuals are selected and if they serve > 50 Individuals, then six (6) individuals are selected for residential and day services. For all other services the sample size will be two (2) Individuals. Individuals selected for participation in the QOPR process are selected by the provider (50%) and the external reviewer (50%).

Each organizational and/or individual indicator is assigned one of three ratings:

Achieved:
The desired outcome is fully present for the individual, reflecting successful service delivery aligned with their goals and preferences.

Aware:
The desired outcome is not yet achieved, but the team acknowledges its importance. Efforts are either underway to address the outcome, or the team has satisfactorily explained barriers to achieving it in a way that the individual understands and accepts.

Opportunity:
The desired outcome is absent, and the team has not adequately addressed it. In some cases, the individual may not have previously considered or communicated the desired outcome until

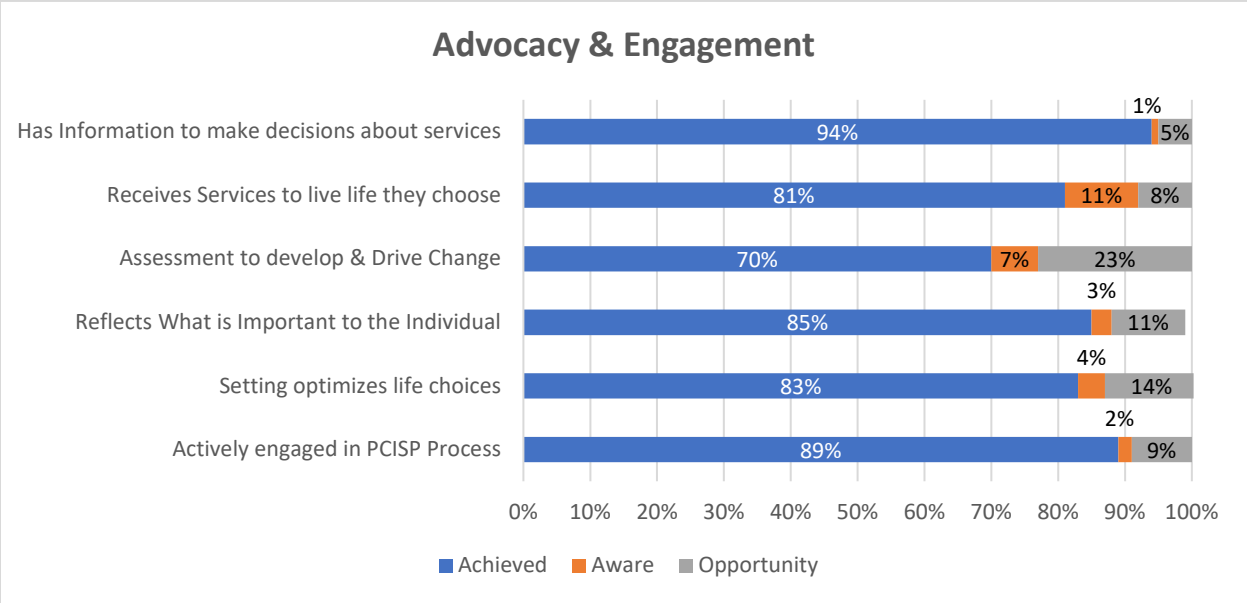
prompted by the evaluation. Alternatively, the team has been made aware but has not taken sufficient steps to resolve the issue to the individual's satisfaction.

Scope and Findings

Since Fall 2021, the QOPR process has collected extensive data from over 1,000 individuals served by current the six Case Management Organizations (CMOs) who have all participated in completing the corresponding provider tool QOPRs. Over 400 direct service providers from the six CMOs have been reviewed.

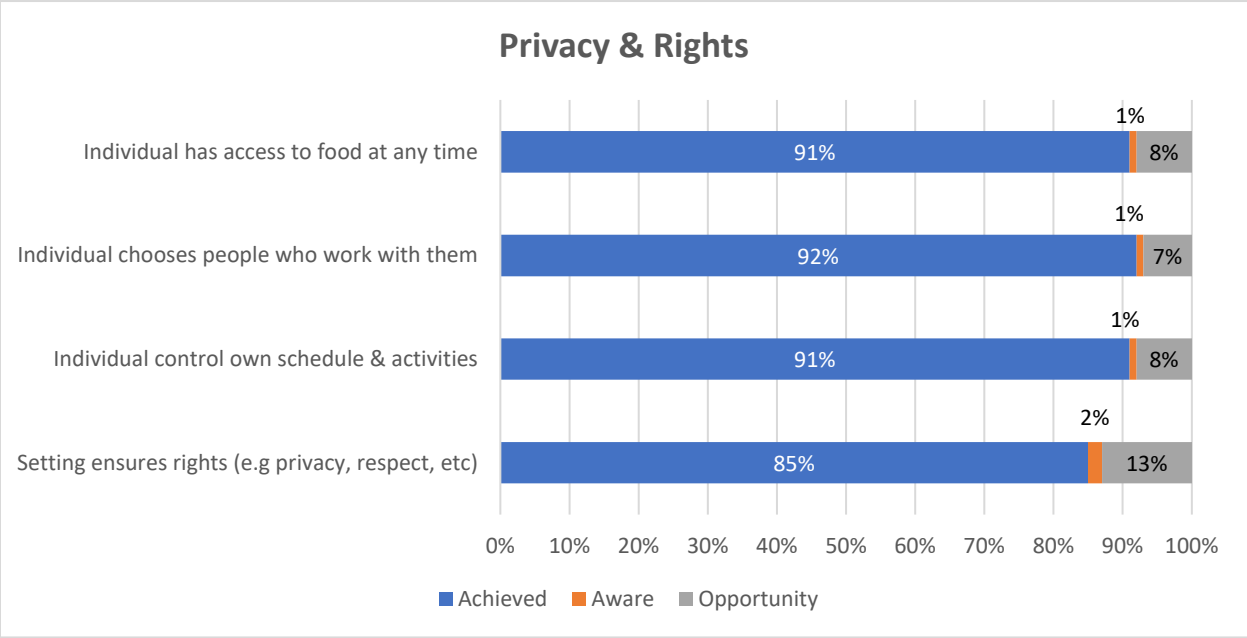
The 6 indicators of "Advocacy and Engagement" provided in Figure 7 reflect relatively high ratings regarding the processes CMs support related to individual assessment, person-centered plan development and revision, as well as individual decision about services and as applicable, the settings where services are delivered. Individuals' measures evidenced that participating individuals were provided a wealth of information to support decisions when choosing services. Comparatively, lower ratings were assigned to actually receiving all of the services they want or need to achieve their personal goals and that their individual assessment results are used to develop and drive on-going change to their person-centered individual service plan (PCISP).

Figure 7: Advocacy and Engagement in Person-Centered Planning & Processes



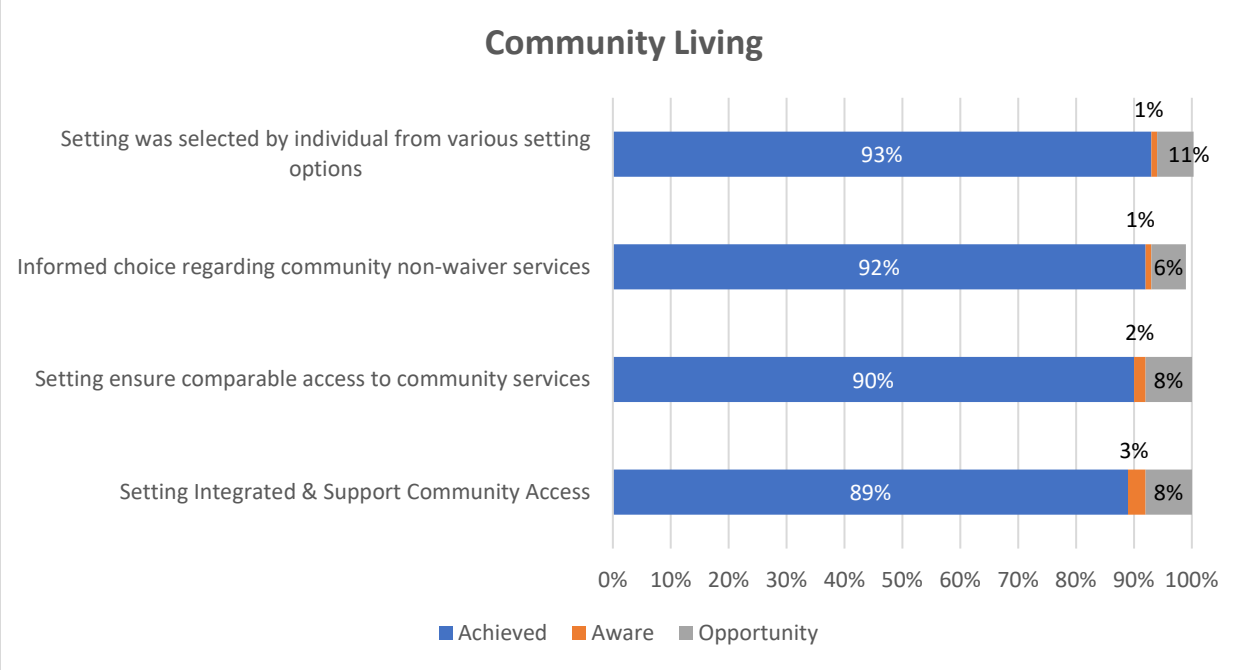
Similarly, high ratings were achieved for indicators related to assurances of privacy and rights including choosing the staff who work with them and their daily schedules, including when and what they eat. Slightly lower levels were noted related to the extent to which individual settings ensure rights such as privacy, respect, etc. (See Figure 8).

Figure 8: Individual Indicators of Privacy & Rights



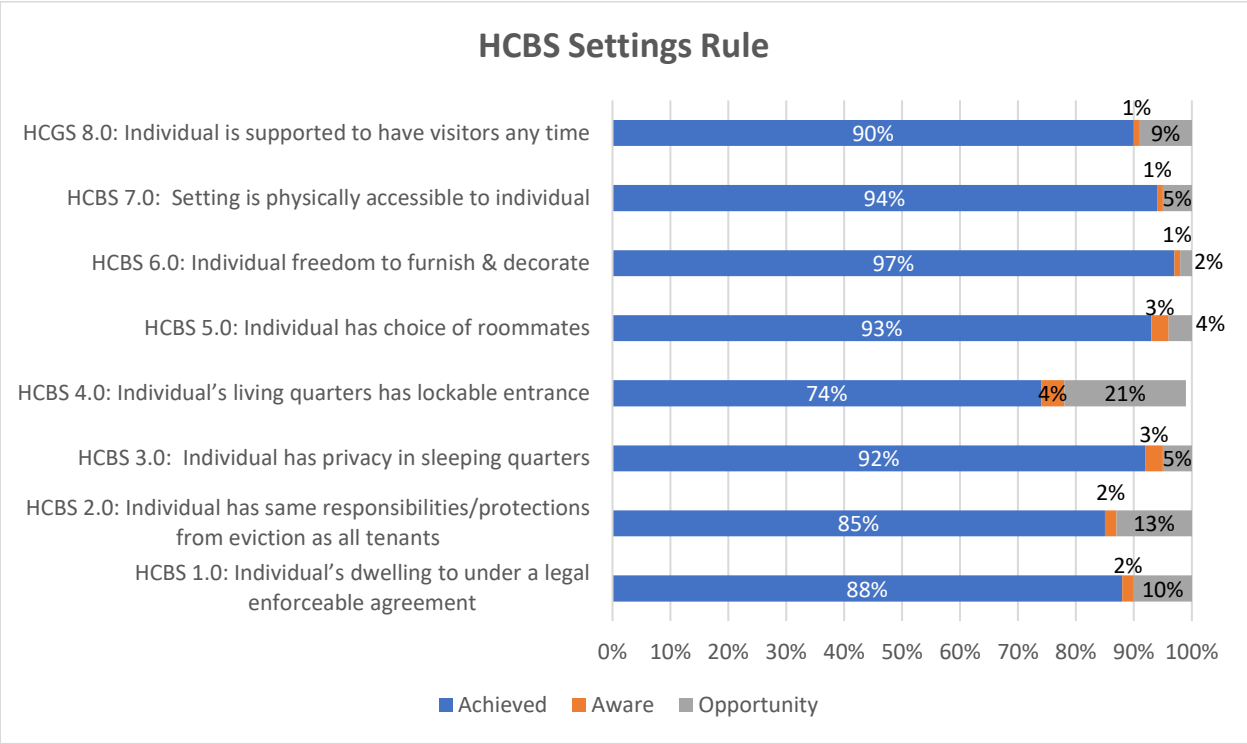
High ratings were also achieved on indicators that reflect informed choice and varied options regarding selection of settings and also the extent to which setting support integrated access that is comparable to the access of individuals not receiving HCB services (see Figure 9).

Figure 9: Support for Integrated and Comparable Access to Community Services



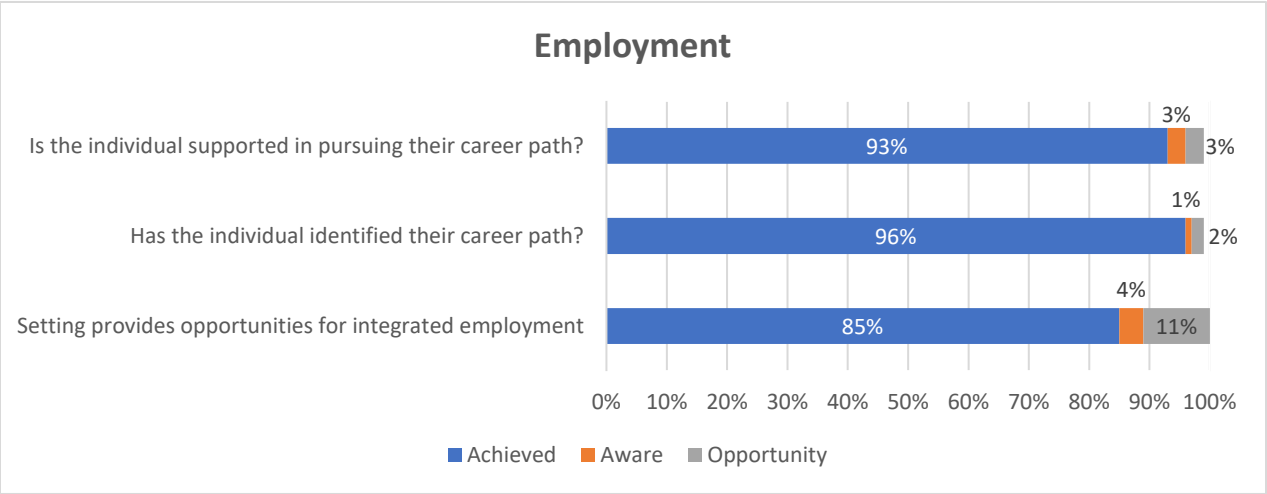
Similarly, for individuals receiving residential services, high ratings were achieved on HCBS settings rule indicators, with one notable exception where fewer individuals (74%) had lockable entrances to their living areas (Figure 10)

Figure 10: Ratings on HCBS Settings Rule Indicators



Lastly, while an indicator that assesses the extent to which the individual's setting supports opportunities for integrated employment, was part of the original QOPR individual tool, in the Fall of 2022, two additional employment indicators were added to reflect state priorities for supporting the identification of career paths, as well as subsequent support to pursue that path.

Figure 11: Ratings on Employment Indicators



Utilization of Results

Findings from the QOPR are systematically shared with CMOs that serve participating individuals. This feedback loop aims to:

- Identify strengths and gaps in service delivery and work with service providers to fill gaps.
- Inform quality improvement initiatives.
- Enhance the alignment of case management practices with the principles of person-centered care and the individual's vision of a good life.

The intent of the QOPR underscores the importance of collaborative efforts among individuals, CMOs, and service providers to advance service quality and achieve meaningful outcomes for individuals with intellectual disabilities in Indiana.

CMO Perspectives: QOPR

CMOs expressed that the QOPR process and reports have been helpful in improving their processes and services. Notably, organizations have noted that the QOPR reports do provide priority areas to address within their CMO, and that the recommendations less punitive than they do previously. CMO leaders view this experience as a useful tool in promoting systems transformation to continually engage in systems change.

"...but the ones that I have seen have been very helpful. And you know we utilize that to take a look at if there are areas obviously that apply to us, we will remedy those situations if it means, you know, a need, for you know, service or supports for a particular individual as well as you know, from a from a compliance standpoint, making sure that we're, if there's something on a PCISP that needs to be there. If there's a service or support an individual voiced a concern to the reviewer, you know. Are we going to close that loop immediately. So it helps us to prioritize. You know, those individuals that may have outstanding needs. So that's always helpful. But it also is helpful. You know, we've seen at least the ones I've laid eyes on recently. We've seen, you know, where a lot of the person that's being interviewed has really responded favorably, needs are being met, and, you know, don't really have anything at this point, and I feel like I'm being supported. So then that's good feedback for us. In our team as well."

"...Yeah, I really do like the QOPR and that it's a, not a ding, you know, where that kind of interaction used to be just a ding, and it's more of a getting the individuals per lived experience of what they want and not just you know what we or even a surveyor thinks they should have, because that used to play in a little bit on some of those the old school BQIS surveys. So, I think that's been really good, and it's helped get providers on board rather than just the case managers communicating stuff. It's made it more of a holistic approach to this person-centered plan. This PCISP should not be your hab. plan. It should not be about trying to get someone to brush their teeth, and it's about them living their best lives. And I think that piece has really helped foster the case manager communication on what that person center plan has, should be looking like, so yeah, I see a lot of great things with the system transformation."

Individual and Family Satisfaction and Outcomes

Case Management Satisfaction Survey

The Case Management Satisfaction Survey (CMSS) was designed to evaluate the quality of case management services throughout the state by garnering the perceptions of individuals who receive case management and their families or guardians. The 12-question survey is sent out annually to all individuals who receive case management services in the state of Indiana. In its second year of implementation, the CMSS provides valuable information on the statewide perception of case managers, as well as providing individual CMOs information about their clients' perceptions of their services.

The CMSS survey garners the perceptions of case managers across 12 separate questions, each utilizing a Likert scale from excellent to not at all. For the purposes of the analysis, the "excellent" and "good" categories were combined to determine the overall positive perception of case managers and CMOs comprises two separate options that participants could choose from. The information presented shares the overall percentage of respondents who deemed their services to be "excellent" or "good", as well as a trend analysis between the two years highlighting the positive or negative change in the perception of services.

Across all CMO's 'Excellent/good" rating exceeded 80% for most questions, showing consistent satisfaction from 2023 to 2024. Statewide, most participants responded with excellent/good in both 2023 and 2024 indicating higher satisfaction. Only one (1) out of the 11 questions statewide did participants respond less than 80% in excellent/good both in 2023 and 2024, suggesting consistent quality of service. There was little change statewide in perceptions of services across the two years, but each indicator did see an increase in the rating over the time period. Further information is available in table 9.

Table 9: Results from Case Management Satisfaction Survey

As a navigator, how well does your case manager…	2023 Excellent / Good	2024 Excellent / Good	% Change
Explain how waiver services can support you	85.4% (7449)	87% (5736)	1.8%
Provide you with information on the variety of waiver services available to you	82.5% (7203)	84% (5529)	1.7%
Assist you in identifying how to choose a provider that is the right fit for you	80.7% (7043)	84% (5463)	2.9%
Explore and share resources that are not waiver services	72.2% (6303)	75% (4887)	2.7%

*Total sample size in parentheses

As an advocate, how well does your case manager…	2023 Excellent / Good	2024 Excellent / Good	% Change
Support you to lead your team meetings to the extent you want to lead	85.5% (7456)	88% (5755)	2.5%
Include you in developing your person-centered individualized support plan (PCISP) that reflects your wants and needs	86.2% (7530)	88% (5814)	2.2%
Ensure that everyone on your team is working to support you in the way you want to be supported	85.6% (7474)	88% (5775)	2.1%
Ensure that your concerns and ideas are heard by your team	87.2% (7613)	89% (5874)	2.2%

*Total sample size in parentheses

As a partner, how well does your case manager…	2023 Excellent / Good	2024 Excellent / Good	% Change
Communicate with you in a way that you can understand	90.0% (7852)	92% (6022)	1.5%
Respond in a timely manner when you try to reach him/her	88.7% (7741)	91% (5934)	1.8%
Listen without judgement so you can freely express yourself and share your opinions	91.4% (7977)	93% (6128)	1.6%
Respect your cultural belief and values	92.2% (8046)	94% (6178)	1.8%

*Total sample size in parentheses

National Core Indicators (NCI)

The National Core Indicators (NCI) are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern, including employment, respect/rights, service planning, community inclusion, choice, and health and safety.

The NCI instruments provide information for quality management and are intended to be used in conjunction with other state data sources to develop quality improvement initiatives. States typically use the indicator data to inform strategic planning, produce legislative reports, and prioritize quality improvement initiatives.

The state of Indiana currently conducts 4 NCI initiatives to garner information about the quality of services across the state. The NCI In Person Survey, Adult Family Survey, Family Guardian Survey, and Child Family Survey all collect different information from subgroups of the population. The report team has utilized these products to analyze the quality of services being provided before and after the transition to selective contracting with CMOs. This section includes (1) a description of each of the survey instruments, and (2) the results in their relation to quality of case management services.

NCI In Person Survey

The NCI-IDD In Person Surveys (IPS) are interview-based surveys with adults receiving case management and at least one service from the state. The IPS is a key tool used by NCI to gather the experiences, outcomes, and perceptions of adults receiving services. This survey provides unique access to indicators of quality within and throughout the case management service industry. Background Information is collected before the interview using state administrative records, including demographics, personal characteristics, health and employment data. The in-person interview is conducted either face to face or via a secure video meeting. Findings related to satisfaction with case management services, engagement in service planning are presented, as well as finding related to state priority outcomes including choice, employment, community involvement, and social relationships.

The NCI In Person Survey from Indiana provided a large sample for data analysis. The report analyzed data from 2,960 individuals collected between 2021 and 2024. Males comprised 58.4% of the sample, while females made up 41.6%. Age distribution showed that most participants (84.5%) were under 60 years old, with the largest cohort aged 27-40 years (33.6%), followed by those aged 41-59 years (29.0%) and 18-26 years (21.9%). White individuals represented the majority of the sample (84.3%). Most respondents identified as having mild intellectual disability (ID) at 61.6%, followed by moderate ID at 26.2% and severe/profound ID at 12.2%. Regarding legal status, 52.3% reported having no legal guardian. Participants were almost evenly split between those receiving Community Integration and Habilitation (CIH) waivers (50.1%) and those with Family Supports Waivers (FSW) (49.9%). Further information can be found in table 10.

Case management experiences were evaluated through a series of questions focusing on service plan awareness, participation in planning meetings, and client-case manager interactions. Data collected between 2021 and 2024 revealed high levels of basic engagement: over 90% of respondents reported having direct contact with their case manager and confirmed that their case managers understood their service priorities. Similarly, more than 90% indicated that their service plans incorporated their important needs and that they attended their most recent service planning meeting. Respondents reported lower levels of comprehension during service planning meetings and active participation in developing their service plans. Additionally, a downward

trend was observed between 2021 and 2024 in respondents' awareness of how to initiate service modifications. Further information about each of these questions can be found in figures A2, A3, and A4 in the appendix.

Table 10: Demographics of IPS Respondents

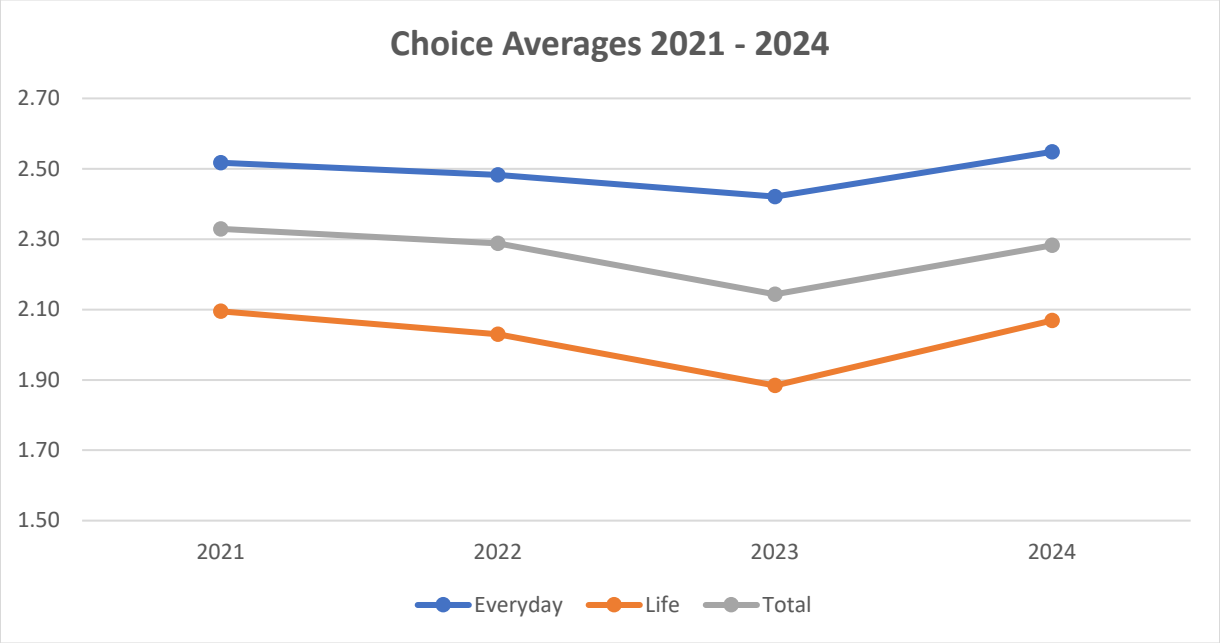
Gender	***N***	***%***
Female	1098	41.6%
Male	1540	58.4%
Race	***N***	***%***
White	2220	84.3%
Other	415	15.7%
Age	***N***	***%***
18 – 26	575	21.9%
27 – 40	882	33.6%
41 – 59	763	29.0%
60 – 75	361	13.7%
76+	47	1.8%
Intellectual Disability	***N***	***%***
Mild	1262	61.6%
Moderate	537	26.2%
Severe/Profound	251	12.2%
Legal Guardianship	***N***	***%***
Yes	1250	47.7%
No	1373	52.3%
Program	***N***	***%***
CIH	1484	50.1%
FSW	1476	49.9%
Case Management Organization	***N***	***%***
CMO 1	221	8.1%
CMO 2	161	5.9%
CMO 3	127	4.7%
CMO 4	1531	56.2%
CMO 5	356	13.1%
CMO 6	330	12.1%

To assess participants' autonomy in decision-making, questions were administered covering various life domains, including employment, living arrangements, leisure activities, and financial management. The primary aim was to determine the extent of participants' involvement in making choices across these domains. Choices were categorized into three main scales: everyday choices (3 questions), life choices (5 questions), and total choices (a combination of everyday and life choices, totaling 8 questions). For each question, participants selected one of three

response options: someone else made the choice = 1, the person had help in making the choice = 2, or the person made the choice = 3.

The averages were calculated for each of the three choice scales. To ensure sufficient response rate, inclusion criteria required respondents to answer at least 50% of questions in each scale. Specifically, the everyday choice required responses to at least 2 out of 3 questions, the life choice needed at least 3 out of 5 questions answered, and the total choice required responses to at least 4 out of 8 questions. The choice average for each scale was computed by summing the ratings of answered questions and dividing by the number of questions responded to within that scale. For example, if a respondent answered 6 of the 8 total choice questions, their average would be calculated using only those 6 responses. Higher scores indicated greater levels of individual autonomy within each scale, with 3 representing the maximum score. Analyses of annual average choice scores from 2021 (pre-waiver) to 2024, highlight a decrease across all average choice scores in the 2022 and 2023 survey cycles, while noting recovery of scores during the most recent (23-24) survey cycle (Figure 12). However, it is important to note that this is likely due to the impact of COVID-19, in that respondent perceived and reported lower levels of choice due during periods of “shelter-in-place," requirements, and then subsequently due to staff shortages began to stabilize in 23-24. Further Information about scores across all domains and all survey years is available in table A1

Figure 12: Average Everyday, Life, and Total Choice Scores (20-21 to 23-24)

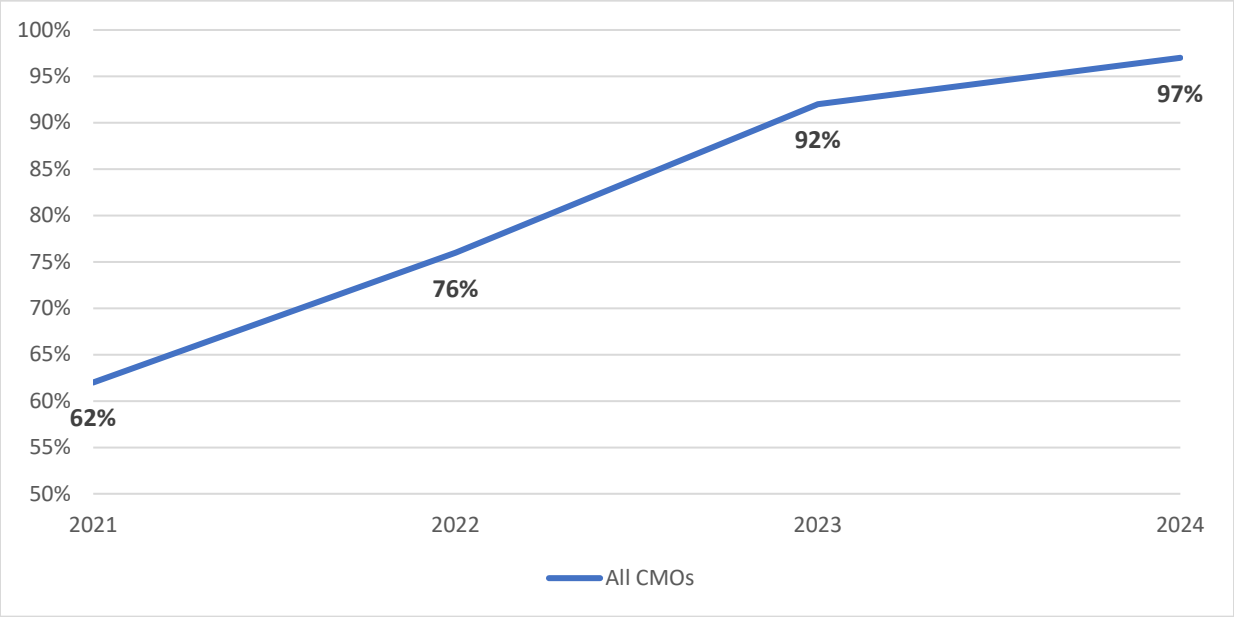


Analysis of choice scores from 2021 to 2024 revealed overall mean scores of 2.49 for everyday choice, 2.01 for life choice, and 2.25 for total choice scores. The lowest scores were recorded in 2023, with everyday choice at 2.42, life choice at 1.88, and total choice at 2.14. A statistical analysis using a one-way ANOVA demonstrated statistically significant relationships between all three choice categories (everyday, life, and total) and the survey years. However, post-hoc analysis revealed no statistically significant differences in any choice category when comparing

2021 and 2024 specifically (further information on ANOVA and post hoc testing is available in the appendix in tables A1-A3). This finding indicates that there has been no impact on individuals' choice from before the transition to selective contracting. Additionally, levels of everyday, life, and total choice were comparable across all CMOs and no statistical difference was noted between CMOs.

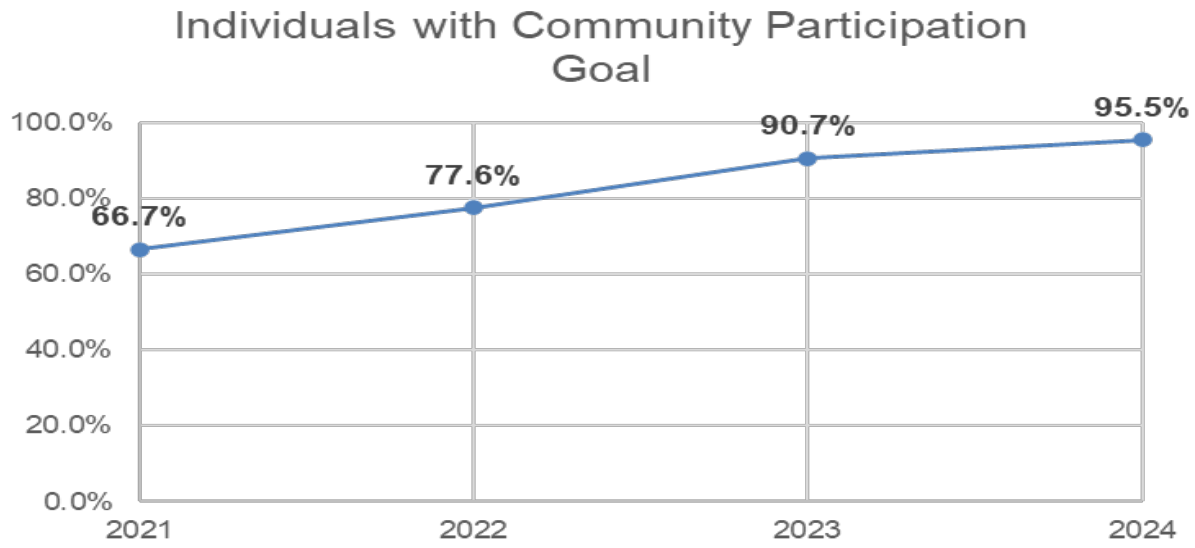
To examine the extent to which PCISP development is aligned with the expressed wants and needs of the waiver respondents, we analyzed NCI item level questions related to the state priority areas of social relationships, community integration, and employment. Of the individuals surveyed (N-2553) from 2021 to 2024, 61% indicated that they would like help to "meet new people, make new friends, or keep in contact with friends." Of these individuals who wanted help with social relationships/friendships, their PCISP was examined to report the percentage who had a corresponding goal to "expand, strengthen, or maintain friendships." Figure 13 shows notable increases in the percentage of individuals who indicated that they wanted help with relationships, who had a corresponding goal.

Figure 13: Percentage of Individuals Wanting Friendships who had a PCISP goal



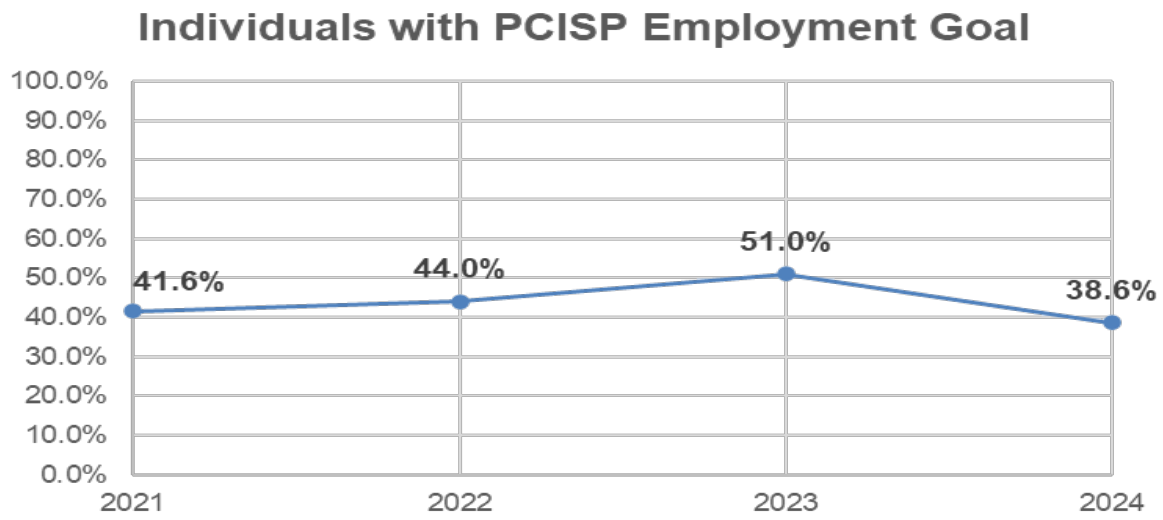
Similarly, of the individuals surveyed (N=2349) from 2021-2024, a significant portion indicated that they wanted "to be able to do more things in their community." Of these individuals who wanted to be more engaged in their community, their PCISP was examined to report the percentage who had a corresponding goal to "increase community participation." Figure 14 shows notable increases from 2021 to 2024 in the percentage of individuals who desired more community involvement, who had a corresponding goal.

Figure 14: Percentage of Individual Wanting Community Engagement with a PCISP Goal



Lastly, similar analyses were conducted to examine individual PCISP alignment for individuals who responded to questions regarding the desire to have a paid job in the community. Figure 15 shows a steady increase from 2021 to 2023, and then a notable drop in 2024 in the percentage of individuals who wanted a paid job and had a corresponding goal.

Figure 15: Individuals Wanted a Paid Job, Who Had a PCISP Employment Goal



With the exception of employment, alignment of individual PCISPs with expressed desires of individual respondents in state priority areas (e.g. social relationship & community integration), has increased from 2021 to 2024, suggesting that the quality oversights related to PCISP

development, as well as required trainings, have been effective in ensuring service planning is driven by the individuals' vision of their "good life." Employment, has been targeted by BDS as an area for specific support and has launched several employment initiatives including:

- "Let's Talk Benefits," a two-hour training offered by IIDC's Center on Community Living and Careers, that focused on how state and federal benefits support employees with disabilities and how to access benefits counseling.
- "Creating a Vision for Employment," offered by the University of Missouri Kansas City with a focus on assisting case managers to provide the foundations of employment discovery and exploration to individuals who are not employed.
- "Supporting a Vision for Employment," provided by the State Employment Leadership Network (SELN). SELN is a partnership of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Institute for Community Inclusion at the University of Massachusetts Boston (ICI) to provide technical assistance and guidance to state I/DD agencies to develop more effective employment systems and partnerships. IN launched its first cohort of leaders in the Fall of 2023, which has continued via a train-the-trainer model.
- "Indiana Vocational Rehabilitation 101" was developed by DDRS in partnership with Indiana Vocational Rehabilitation and will launch in early 2025 as an "on-demand" training that will be mandatory for all case managers.

National Core Indicators: Family Surveys

The National Core Indicators (NCI) Family Surveys gather information from a range of individuals with an intellectual or developmental disability about their services. The state of Indiana conducts three surveys on varying time frames, the Adult Family Survey (AFS), the Family Guardian Survey (FGS), and the Child Family Survey (CFS). The AFS gathers information from families with an adult member (18 years or older) who has an intellectual or developmental disability (IDD), resides in the family home, and receives at least one service apart from case management. Similarly, the FGS collects this information from individuals with an IDD who do not reside in the family home and receives at least one service other than case management. Finally, the CFS is administered to families who have a child with an IDD living in the family's home and receiving at least one service other than case management These data are collected every two years and were last collected in 2024 for the AFS and FGS, and 2023 for the CFS.

Given the extensive nature of the NCI survey, specific questions related to case management were extracted for focused analysis. Through this process, four relevant questions were identified and examined. These questions included inquiries such as whether the case manager listens to the family or discusses community involvement with the family member. Of these 4 questions, each survey collected information for each question except for the FGS, which did not collect information regarding case managers involvement in getting individuals included in the community.

Once data extraction was completed, it was observed that the predominant themes from the NCI surveys were consistent with the quality indicators outlined by the CMS Guidance to the States

(U.S. Department of Health & Human Services, 1998). Consequently, the analysis was directed towards evaluating the quality of case management services. To illustrate the findings, a bar graph was employed to depict the various questions and highlight the differences across the surveyed years and the separate populations. All tables within this section can be found within the appendix.

Between 2021 and 2023, AFS participants expressed high levels of satisfaction with their case managers. The majority of respondents in both years indicated that their case managers consistently listened to their families' choices and opinions, as reflected in responses of "always" or "usually" (Table A5). Additionally, a significant proportion of participants in both years reported that they were "always" or "usually" able to contact their case manager (Table A8). However, a decline in such responses was observed in 2023 compared to 2021. Similarly, in 2021, a majority of participants reported that they could choose or change their case manager, a sentiment less frequently echoed in 2023 (Table A11). In 2023, most participants affirmed that they had discussed ways to engage in their community with their case manager (Table A14).

Similar to the population of AFS participants, between 2021 and 2023 FGS respondents reported high levels of satisfaction with their case managers. In both years, most respondents indicated that their case manager "always" or "usually" listened to their families' choices and opinions (Table A6). Similarly, most participants from both years reported "always" or "usually" being able to contact their case manager, though there was a slight decrease in these responses from 2021 to 2023 (Table A9). In 2021, most participants confirmed that they had the ability to choose or change their case manager (Table A12). However, fewer participants reported having this ability in 2023.

In regard to CFS respondents, participants consistently reported high satisfaction with their case managers. In both years, the majority indicated that their case manager "always" or "usually" listened to their families' choices, with only a slight change observed between the two years (Table A7). Similarly, most participants in 2021 and 2022 reported "always" or "usually" being able to contact their case manager, with minimal variation over time (Table A10). Additionally, approximately half of the participants in both years reported that they either chose their case manager or had the ability to change their case manager, with little change between 2021 and 2022 (Table A12). In 2022, a majority of participants responded "yes" when asked whether their case manager discussed ways for their child to engage in the community (Table 15).

Strengths: Quality

Upon review of the indicators included above which relate to Quality, the evaluation team has identified the following strengths:

1. The BDS team has developed a robust mechanism for monitoring quality throughout the case management system. The introduction of the QTIP process is of particular note, as this information is succinct, easy to navigate, and utilizable by both BDS and the individual CMOs.

2. The Quality Guide section on Quality Improvement and Oversight includes a number of practices which both BDS and individual CMOs can utilize to drive ongoing quality improvement practices across the system.
3. The Road Shows were developed to address a specific issue with CMO delivery of quality services and illustrates BDS' commitment to continually evaluate their practices and procedures to ensure that all 6 CMOs are receiving individualized training and resources to support their growth and development to ensure quality case management is being provided.
4. The utilization of the external reviews through the Quality On-Site Provider Review (QOPR) provides another avenue through which individual CMOs and the system can drive change and support quality practices.
5. The BDS team has appropriately utilized a number of survey instruments to analyze quality of care and perceptions of stakeholders within the case management system. Through the NCI surveys, and the recently introduced Case Management Satisfaction Survey, the BDS team has a wealth of information available to them to support systems-change efforts when issues arise.

Opportunities for Improvement: Quality

Upon review of the indicators included above which relate to Quality, the evaluation team has identified the following opportunities:

1. BDS should prioritize continued technical assistance to CMOs related to establishing increased understanding, interpretation, and on-going refinement of the rubrics/guidelines used for scoring compliance (File Reviews) and quality (PCISP rubrics). While CMOs consistently indicated the "usefulness" of sessions where CMO and BDS supervisors worked through rubrics and guidelines, using real case examples, CMOs unanimously reported persistent issues in interpreting ratings and rubric scoring to inform application to practice and on-going quality improvement.
2. BDS should consider evaluating their use of the Plan, Do, Check, Act (PDCA) model regarding how it is operating to support, guide, and measure the activities/tasks of CMOs and subsequently inform BDS oversight and technical assistance. While it is mentioned within the Quality Guide, it is not clear to the external evaluators how this model is put to use.
3. Based on the current evaluation, there is ample evidence of BDS collecting data from a range of sources regarding quality of services, but there is less evidence to support in-depth, actionable information on how data—being collected—is then utilized to promote ongoing quality improvement. For example, BDS is implementing a number of quality improvement activities, however further documentation of these processes and how they are being communicated with/to CMOs is recommended, as well as refining/clarifying expectations for CMOs to integrate and document how they use findings to inform practice and improve service provision. It is anticipated that through ongoing QTIP monitoring processes, feedback from CMOs will continue to refine processes for how BDS collects, documents, and shares monitoring data with CMOs, and in turn, refine processes for CMOs to integrate and document how QTIP findings are used for quality improvement. The goal is to document how data being collected impacts practice and to ensure closure of the feedback loop between BDS and CMOs.

Cost Neutrality of Case Management Services

A critical requirement of the 1915(b) waiver program is to ensure cost-effectiveness, demonstrating that the total costs of the waiver, including both program benefits and administrative expenses, do not exceed the costs of providing equivalent services without the waiver. By evaluating the financial impact of the waiver, in relation to the previous sections on access and quality, this analysis ensures fiscal responsibility while maintaining the quality and accessibility of services for participants.

This section provides an assessment of the waiver's cost-effectiveness by comparing the known expenses associated with the waiver program to the projected costs of delivering similar services to an actuarially equivalent population without the waiver. Through detailed analysis, we aim to validate cost neutrality and identify areas for financial optimization without compromising service quality.

The following key cost indicators are examined:

Billing and Monthly Service Units: A description of how billing and monthly service units are structured under the waiver provides a foundation for understanding cost allocations and utilization trends.

Impact of Contracted Case Management Services on Bureau Expenditures: A comparative description of the anticipated costs of the change in service provision highlights the cost of services under the waiver versus the estimated expenses of providing similar services before the waiver, illustrating the program's alignment with cost neutrality requirements.

By addressing these cost indicators, this section aims to demonstrate the waiver's financial viability, ensuring that it meets federal cost-neutrality requirements.

Billing and Monthly Service Units

The Bureau of Disabilities Services (BDS) established a monthly billing rate for case management services through a data-driven approach aimed at ensuring equitable and sustainable funding for service provision. The determined rate, set at $189.56 per beneficiary per month, was derived based on an analysis by an actuarial firm to determine the cost structure.

To calculate this rate, BDS identified a baseline monthly cost of $8,340, which represents the aggregate expense of providing case management services for a caseload of 44 clients. This cost figure encompasses all associated operational, administrative, and direct service expenditures necessary to deliver comprehensive case management services. These expenditures include wage expenses for case managers and supervisors, an employee related expense percentage, transportation costs, and administrative expenses, averaged out over a month period.

The monthly per-client rate was determined by dividing the total monthly cost ($8,340) by the number of clients served (44). This calculation reflects a cost of $189.56 per client per month. Importantly, this rate represents a model in which each client requires a single unit of case

management service per month, regardless of the number and types of additional services they receive, providing a baseline for service delivery and billing.

This methodology ensures transparency and consistency in the rate-setting process while aligning with the broader objectives of cost neutrality. By adopting this structured approach, BDS supports the financial sustainability of case management providers.

Impact of Contracted Case Management Services on Bureau Expenditures

The Bureau of Disabilities Services (BDS) has projected the fiscal impact of transitioning to a contracted model for case management services within their application for the Section 1915(b)(4) waiver. This projection evaluates the anticipated costs associated with providing services under the new model and compares them to the costs that would have been incurred under the previous system.

BDS utilized historical expenditure trends and projected annual cost increases to forecast both pre-waiver and post transition costs for a five-year period (CY22–CY26). The projections reveal no anticipated differences in overall expenditure between the two models of service provision, as outlined in Table 11.

Table 11: Anticipated Changes in Expenditures

CY	Trend Rate	Projected Pre-Waiver Cost	Projected Waiver Cost	Difference
2022	N/A	$62,228,844	$62,228,844	$0
2023	5%	$67,167,236	$67,167,236	$0
2024	5%	$72,083,942	$72,083,942	$0
2025	5%	$76,990,141	$76,990,141	$0
2026	5%	$80,835,148	$80,835,148	$0

Despite a projected annual trend rate of 5%, the projections indicate that the transition to contracted case management services is not expected to produce additional costs, or provide any cost savings, over the five-year waiver period. This stability reflects BDS's calculated reimbursement models in alignment with historical cost trends, ensuring that the change in service provision methods does not result in budgetary changes for case management organizations or BDS.

Providing further context on the cost-effectiveness of the transition to contracted case management service provision, the BDS team shared operating costs for the waiver program from years CY20-CY24. In overlaying this information with the projections that the team calculated within their application for the Section 1915(b)(4) waiver, there are significant cost savings in relation to these projections. Further information is available in Table 12.

Table 12: Projected Waiver Cost vs. Actual Costs

CY	Projected Waiver Cost	Actual Cost	Difference
2022	$62,228,844	$54,557,890	$7,670,954
2023	$67,167,236	$63,889,240	$3,277,996
2024	$72,083,942	Not available	Not available

As seen in Table 12, the actual operating costs of the waiver program came in significantly under the anticipated costs of the change in case management services for the State of Indiana. In 2022, cost savings totaled $7,670,954, while in 2023 cost savings totaled 3,277,996. Data are currently unavailable to meaningfully assess CY24.

In relationship with the costs of case management prior to selective contracting, table 13 highlights how the overall expenditures have changed over time. Gradual growth throughout the years 2020-2022 indicate a growing service system, while the marked increase between 2022 and 2023 is likely due to the rate study that occurred in 2022-2023 that impacted the rate paid to all waiver providers. The rate for case management services increased in this time period from $143.75 to $189.56.

Table 13: Actual Case Management Costs Pre- and Post- Selective Contracting

Year	Overall Cost
2020	$49,155,903.23
2021	$54,149,489.73
2022	$54,557,890.07
2023	$63,889,239.70

CMO Perspectives: Costs

Related to the cost of providing effective case management services, the inadequacy of overall compensation for case managers was a predominant theme that emerged in response to the question about current challenges. Most respondents shared the perception that current rates do not allow for adequate compensation or competitive wages to recruit and retain qualified professionals to provide case management services.

"We have a hard time attracting and then keeping our most qualified and experienced staff because we just can't pay the wage they deserve as professionals."

"Many of our best people have moved to managed care...those that do the care coordination for the managed care organizations directly, their salary offers are significantly higher than ours because they are so big and can contribute funding from other internal budget sources."

[Challenges] I would say hiring, and I don't want to be a broken record. But it's just the reimbursement rate in Indiana doesn't support hiring quality candidates period. And so if you

want us to keep caseloads lower and have that quality service, you have to have a higher reimbursement rate.. and we've made a little bit of an improvement in that, but not enough."

Respondents do report competitive wages as a long-standing and on-going challenge, not attributable to the transition to selective contracting. Experienced leaders from CMOs who have been providing services within the state for longer periods of time, cited the state's commitment to conduct regular rate-setting reviews of Home and Community-Based Services, including case management and expressed their appreciation for the simplification of reimbursement through the establishment of an estimated monthly rate or cost per individual. Despite this, CMO leaders still perceive that current rates are not commensurate with rates in neighboring states and across the country and have not risen comparably to the rate of inflation of cost-of-living expenses.

"It's become increasingly difficult to hire qualified staff, because we can't even be competitive with neighboring states."

"We are one of the lowest states in the nation and I think that's something to point out even though it isn't related to selective contracting."

One CMO also expressed additional concern regarding the new Department of Labor minimum requirements for salaried positions.

"So it really degrades the professionalism of the position....that we don't even meet that minimum threshold of a salary and that we may be forced to restructure positions as hourly and pay overtime. Will we be able to afford that?"

Strengths: Cost Neutrality

Upon review of the indicators included above which relate to Cost Neutrality, the evaluation team has identified the following strengths:

1. The transition to selective contracting for CMOs appears to have met federal cost neutrality requirements based on the anticipated differences between total costs between the pre- and post-waiver implementation time periods. The two separate case management models appear to have no additional costs or cost savings.
2. The detail BDS can provide around billing structure is clear and concise, which promotes ease of use and understanding for CMOs. By establishing a transparent and consistent monthly rate of $189.56 per case per month allows CMOs to clearly understand their incoming funding and how it will relate to their staffing and other needs. This is reflected in the interviews with CMOs, and the information provided to the evaluation team.
3. The simplification of the process for reimbursement to a standardized monthly rate for services is appreciated by the CMOs.

Opportunities for Improvement: Cost Neutrality

Upon review of the indicators included above which relate to Cost Neutrality, the evaluation team has identified the following opportunities for improvement:

1. The BDS team would benefit from a Cost-Benefit Analysis being conducted to determine how this rate structure is providing support to CMOs to effectively provide services through a stable workforce.
2. An analysis of wage disparities is a potential avenue to pursue, as advocating for competitive wage increases are needed to support case managers and raise rates to comparative structures such as neighboring states or national averages. Utilizing the voices of CMO leaders and case managers to guide this process would be crucial, critically examining wages, rate adjustments and its potential impact on workforce sustainability, as raising wages may support recruitment and retention challenges across the workforce.
3. Evaluation of the Department of Labor's minimum requirements for salaried positions and its impact on the workforce will prove crucial to ensuring that case managers are retained in the workforce and individual CMOs are not handling caseload issues that impact their cost reimbursement structures.

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Appendix

NCI In Person Survey: Case Management Questions

Figure A1: Case management Experiences I

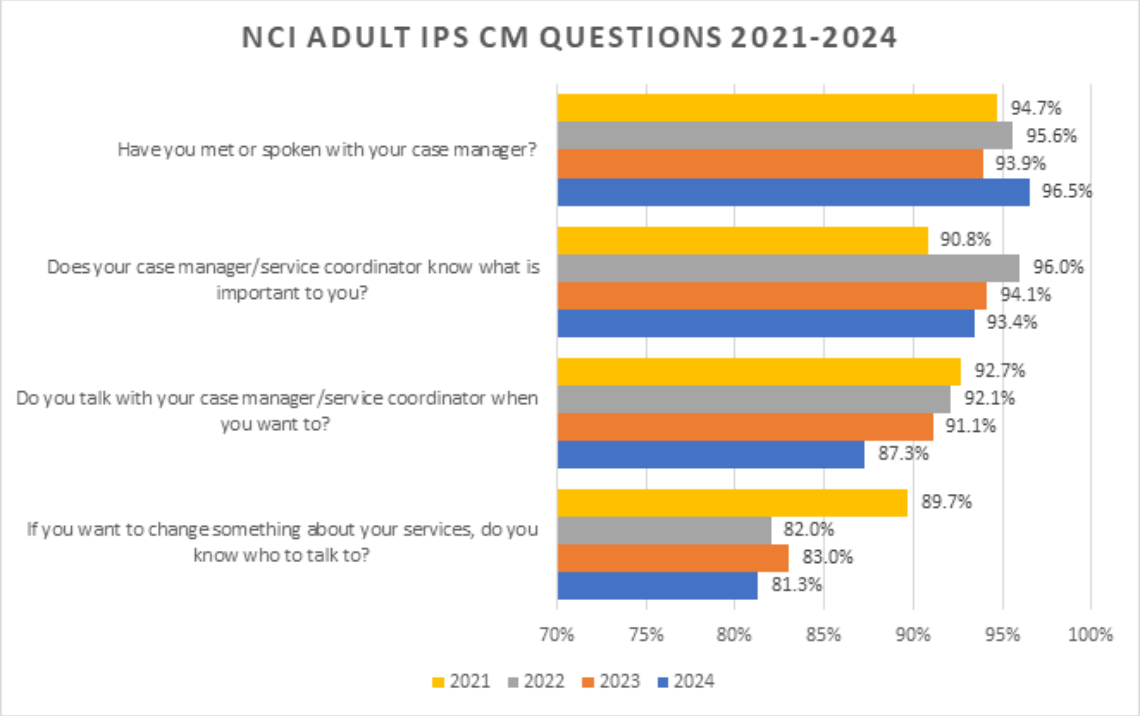

Figure A2: Case Management Experiences II

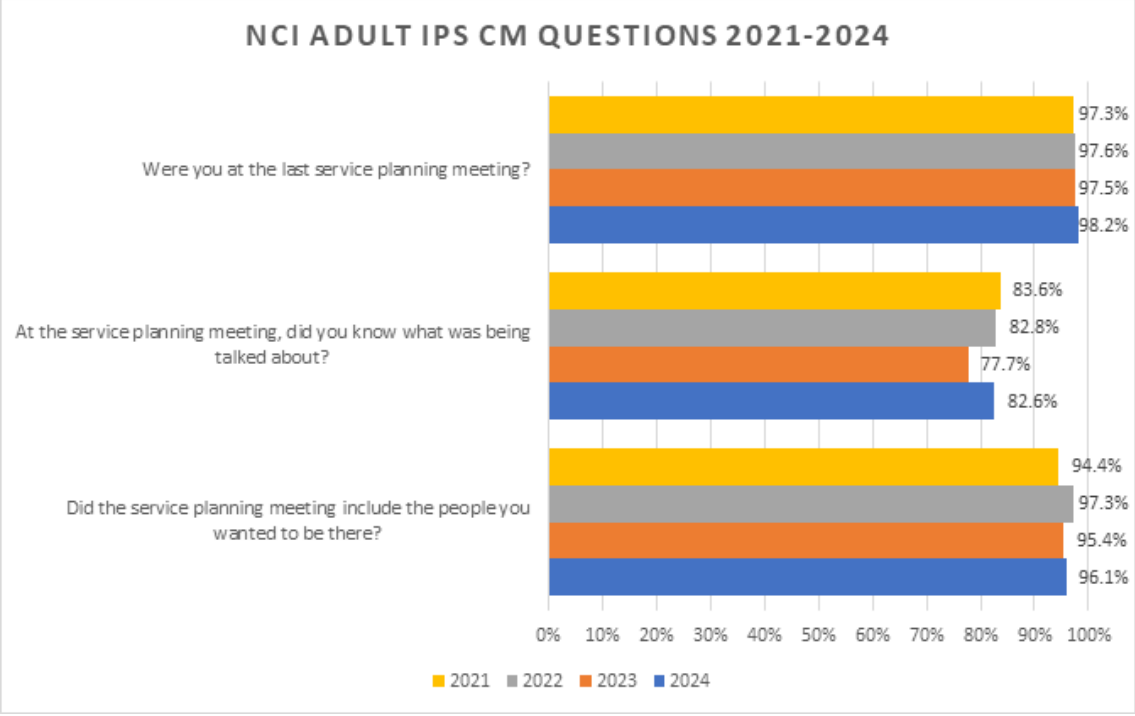

Figure A3: Case Management Experiences III

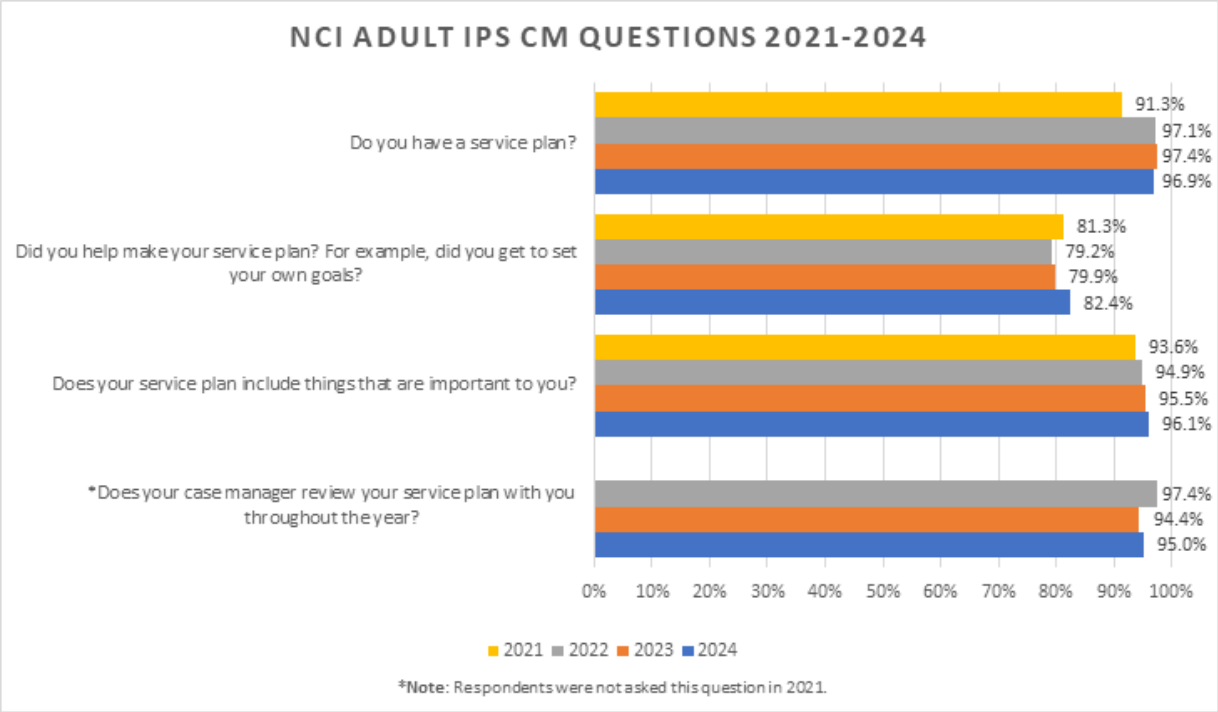

Table A1: Scores on Everyday Choice, Life Choice, and Total Choice across all Survey Years

2021	***N***	***M***	***SD***
Everyday Choice	359	2.52	0.55
Life Choice	202	2.09	0.67
Total Choice	337	2.33	0.54
2022	***N***	***M***	***SD***
Everyday Choice	704	2.48	0.50
Life Choice	345	2.03	0.54
Total Choice	645	2.29	0.45
2023	***N***	***M***	***SD***
Everyday Choice	731	2.42	0.57
Life Choice	401	1.88	0.58
Total Choice	699	2.14	0.51
2024	***N***	***M***	***SD***
Everyday Choice	733	2.55	0.50
Life Choice	400	2.07	0.57
Total Choice	714	2.28	0.47
Total	***N***	***M***	***SD***
Everyday Choice	2527	2.49	0.53
Life Choice	1348	2.01	0.59
Total Choice	2395	2.25	0.49

NCI In Person Survey: ANOVA and Post-Hoc Testing

Table A2: Means of Choice by CMO 2021-2024

Total	**N**	**M**	**SD**
2021	337	2.33	0.55
2022	645	2.29	0.45
2023	699	2.14	0.51
2024	714	2.28	0.47
Everyday	**N**	**M**	**SD**
2021	359	2.52	0.55
2022	704	2.48	0.50
2023	731	2.42	0.57
2024	733	2.55	0.50
Life	**N**	**M**	**SD**
2021	202	2.09	0.674
2022	345	2.03	0.540
2023	401	1.88	0.582
2024	400	2.07	0.570

Table A3: One Way ANOVAs for Total Choice, Everyday Choice, and Life Choice

Total Choice	**SS**	**DF**	**Mean Square**	**F**	**p**
Between Groups	11.77	3	3.92	16.50	<0.00
Within Groups	568.58	2391	0.24	N/A	N/A
Total	580.35	2394	N/A	N/A	N/A

Everyday Choice	**SS**	**DF**	**Mean Square**	**F**	**p**
Between Groups	6.26	3	2.00	7.49	<0.00
Within Groups	703.13	2523	0.279	N/A	N/A
Total	709.38	2526	N/A	N/A	N/A

Life Choice	**SS**	**DF**	**Mean Square**	**F**	**P**
Between Groups	9.33	3	3.11	9.16	<0.00
Within Groups	456.67	1344	0.34	N/A	N/A
Total	466.00	1347	N/A	N/A	N/A

Table A4: Games-Howell Post-Hoc Comparison for Years 2021 vs 2024

Domain(s)	**Mean Difference**	**Std. Error**	**95 % CI Lower**	**95% CI Upper**
Total	0.04	0.03	-0.04	0.13
Everyday	-0.03	0.03	-0.12	0.06
Life	0.03	0.06	-0.12	0.17

Note: Significance p<.05

NCI Family Surveys: Case Management Questions

Figure A5: AFS Does the case manager listen to your family's choices and opinions?

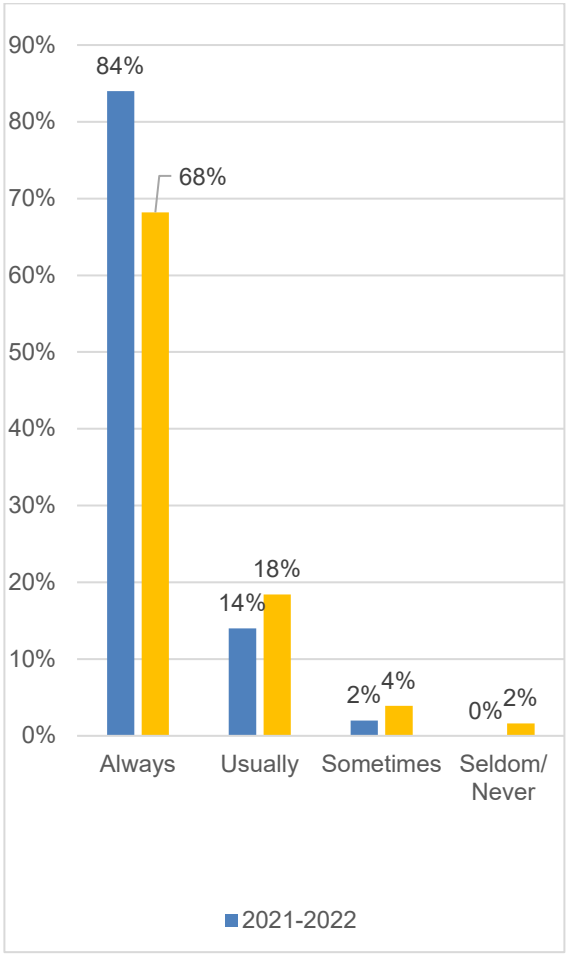

Figure A6: FGS Does the case manager listen to your family's choices and opinions?

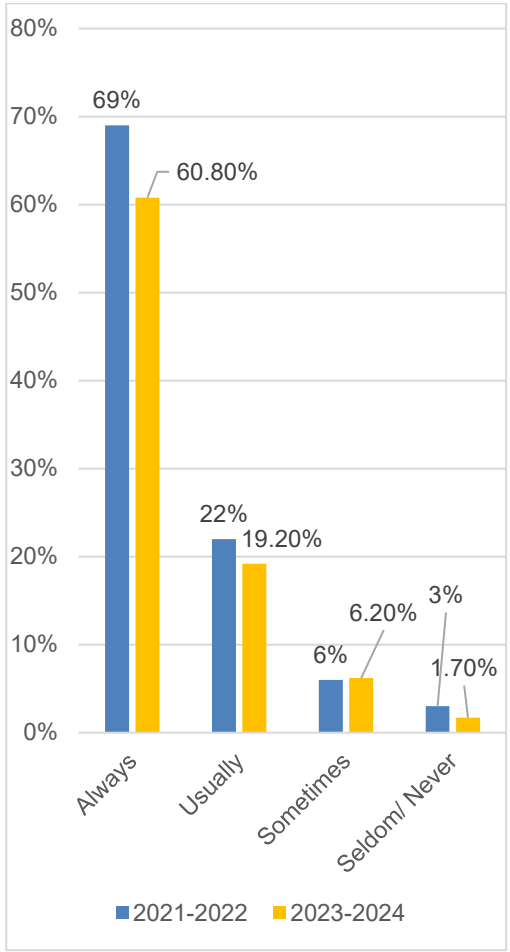

Figure A7: CFS Does the case manager listen to your family's choices and opinions?

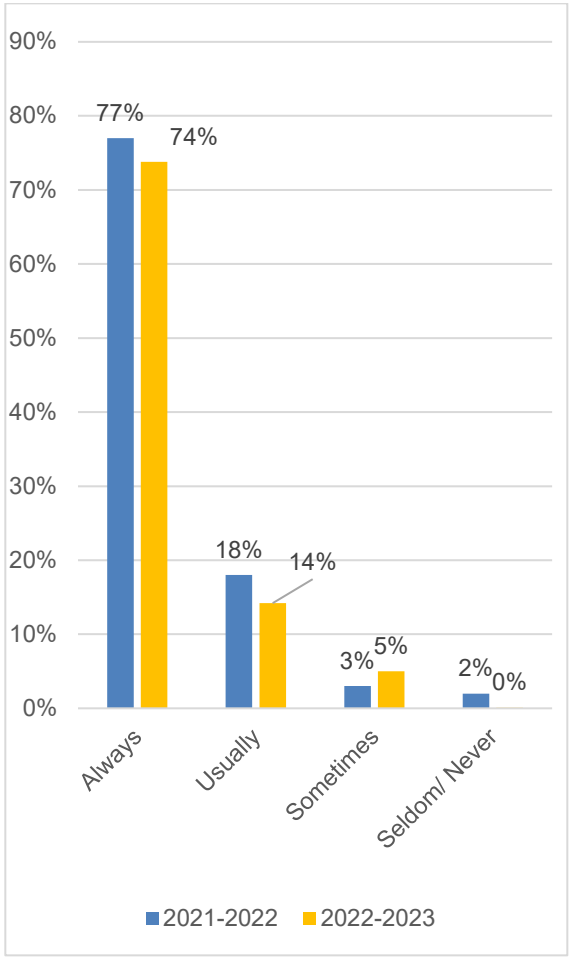

Figure A8: AFS Are you or your family member able to contact the case manager when you want? (If you call or email, do they get back to you?)

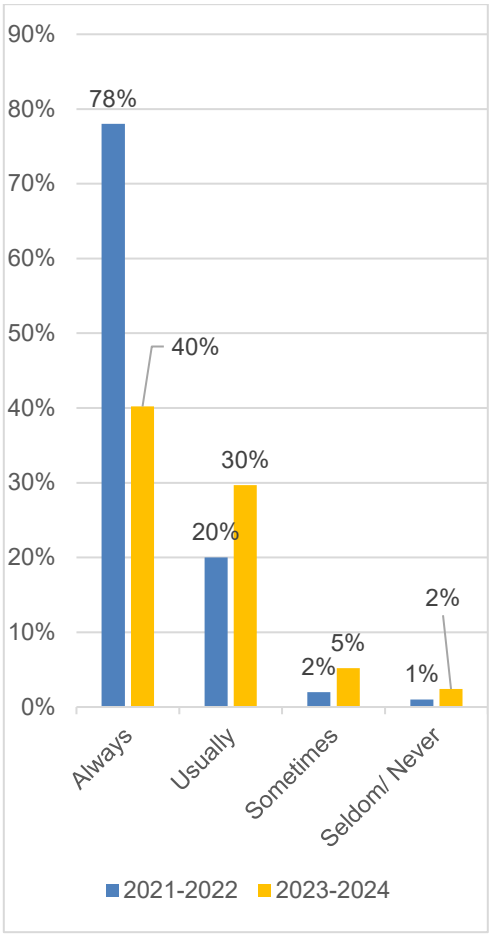

Figure A9: FGS Are you or your family member able to contact the case manager when you want? (If you call or email, do they get back to you?)

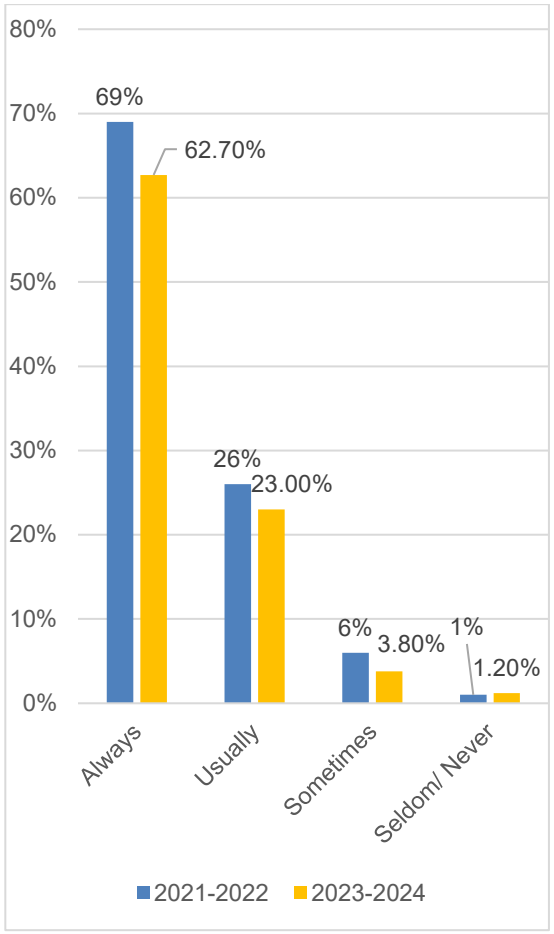

Figure A10: CFS Are you able to contact your child's case manager when you want? (If you call or email, do they get back to you?)

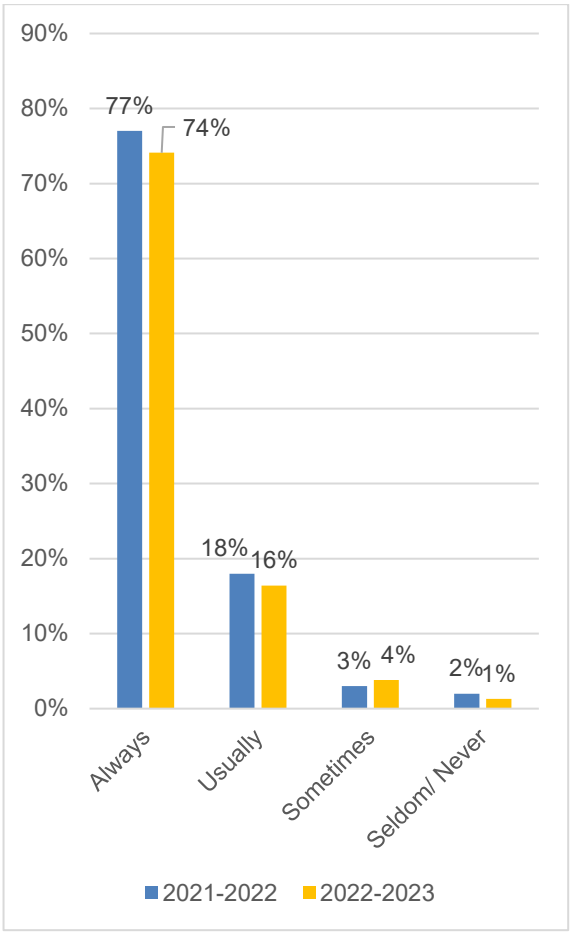

Figure A11: AFS Did you, your family member, or someone else in your family choose your family member's case manager?

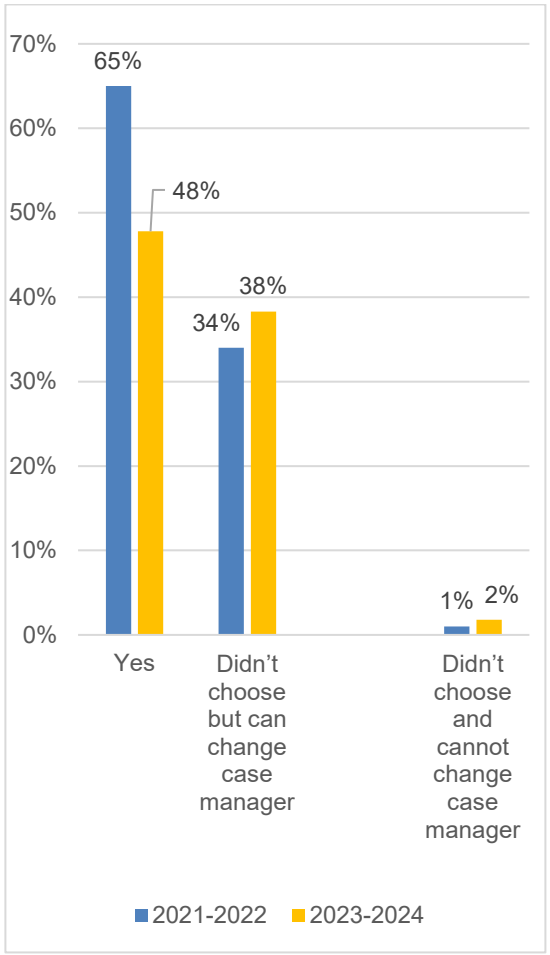

Figure A12: FGS Did you, your family member, or someone else in your family choose your family member's case manager?

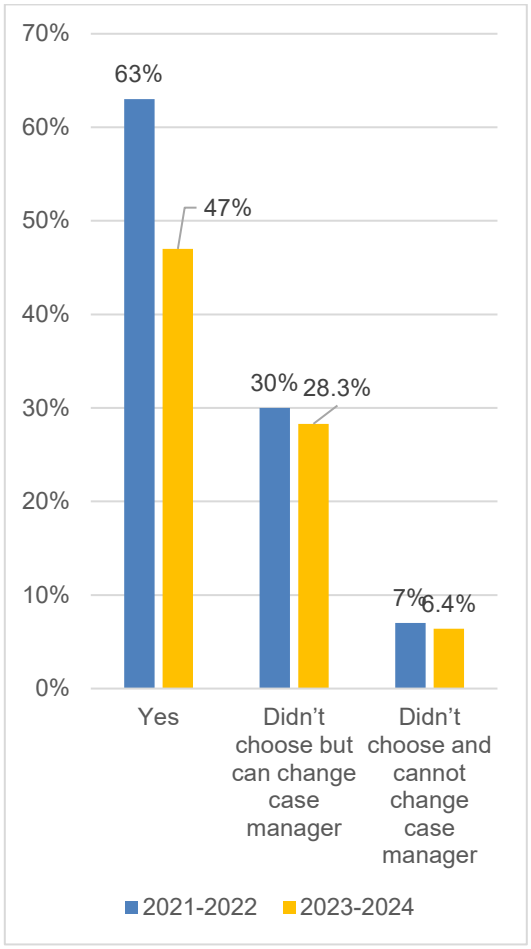

Figure A13: CFS Did you, your child, or someone else in your family choose your child's case manager?

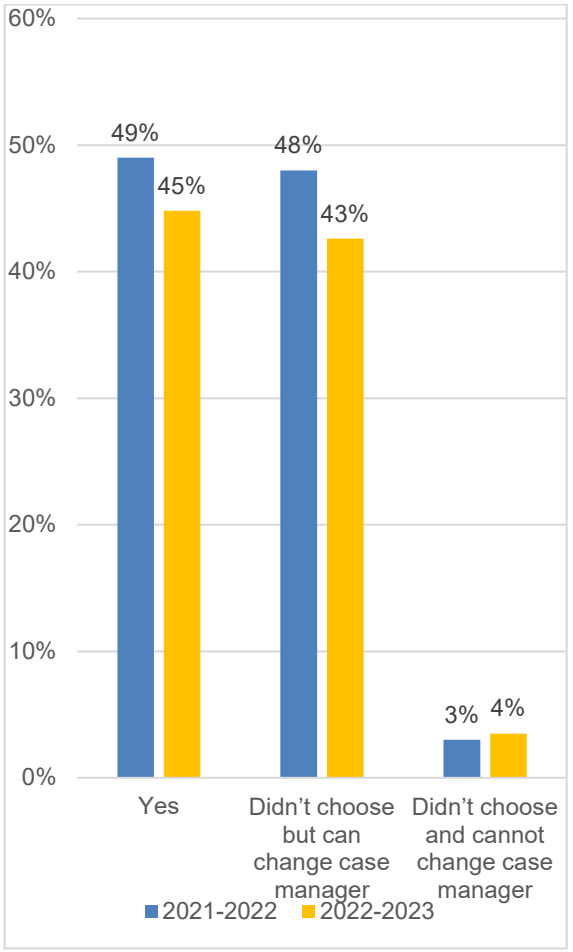

Figure A14: AFS Does the case manager talk to your family member about ways to be involved in the community? (options for work, joining clubs or groups, participating in sports, or taking classes)

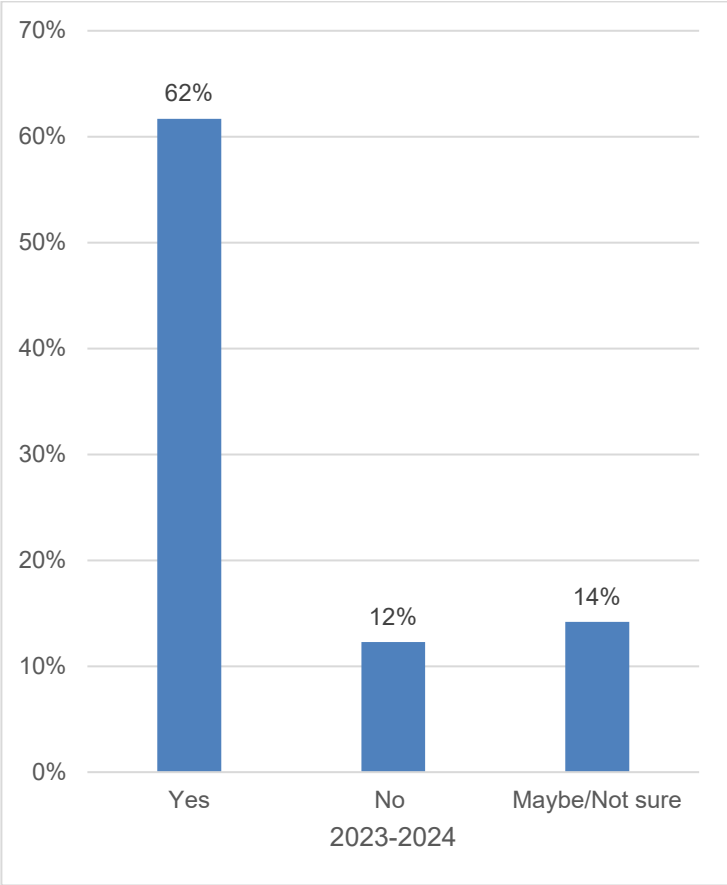

Figure A15: CFS Does the case manager talk to your family about ways for your child to be involved in the community? (options for volunteering, joining clubs/groups, participating in sports, or taking classes)