



Indiana Waiver Redesign Concept Paper

January 2020



What is a concept paper?

A concept paper is an opportunity for the state to share the changes it is considering and to provide information about those changes. It can also summarize the issues the changes are meant to address. A concept paper is shared long before anyone sits down to write a new waiver. It is a way of making sure that everyone has an opportunity to provide feedback with the major ideas and path forward.

About the Authors

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1 Laying the Foundation

This waiver redesign effort is a product of a broader transformational change that has been underway at the Division of Disability and Rehabilitative Services (DDRS) for some time. DDRS' newly adopted vision and mission statements, listed on the right, help to exemplify the change that is underway. The purpose and focus of the work being done is broader than the paid services and supports being offered. The aim is to build a support services structure that is a launchpad to a full life as each individual defines it.

In this section we will detail DDRS' goals and guiding principles for redesign, the background for this redesign effort, and things to keep in mind as you review this initial concept paper.

Vision: All people are empowered to live, love, work, learn, plan, and pursue their dreams.

Mission: DDRS promotes opportunities and cultivates collaborative partnerships to support individuals with disabilities and their families to lead full lives.

1.1 DDRS Goals and Guiding Principles

Goals and guiding principles are like a road map. The goals are the destination—the place we want to end up. The principles tell us how to read the map. On a map there are multiple ways to get to the same destination, just like there are multiple options for the changes that could be included in the waiver redesign. What is important is that you know how to get where you are going and that you reach your final destination. DDRS set the destination for waiver redesign by providing its goals and objectives.

DDRS goals/objectives

DDRS set out a series of goals for waiver redesign in their original request for outside expert assistance. Those goals were to:

- Increase Person-Centered Planning
- Improve Coordination of Care
- Increase Community Engagement
- Enhance Member Experience
- Maintain Qualified Providers (and Improve Capacity)
- Comply with the HCBS rule
- Promote Efficiency

As part of the project kickoff, the HSRI project team and DDRS expanded the intent and vision of the goals. This expansion will assist in gauging whether the changes

being considered ultimately create the outcomes DDRS hopes to achieve. The expanded project goals are included below:

Increase Person-Centered Planning

Waiver redesign will support a full life as envisioned by the individual receiving services, using person-centered planning to identify supports that meet the individual's needs and goals from all areas of support in the individual's life which include: eligibility specific, community based, technology, personal strengths and assets, and relationships (for more information on these areas of support see Section 3.2—LifeCourse Principles, which starts on pg. 27).

Improve Coordination of Care

Waiver redesign will ensure that waivers are clearly linked to and provided in the context of other available resources, forming clear routes for service planners to follow. Newly developed waivers will define and promote the expectation that case managers, potentially in conjunction with other entities, are responsible for connecting people to all publicly available resources, not just the waiver, including unpaid community supports.

Increase Community Engagement

Implement mechanisms within the waiver that support opportunities to be 'of the community' rather than 'among the community'. Waiver services will support and facilitate an individual's ability to live the life they want in the community, but not act as the only mechanism to experience community life.

Enhance Member Experience

Waiver redesign will facilitate the ability of members to obtain services and supports relevant to their needs and goals across the life stages. As much as possible, infuse the new waivers with the ability to respond to fluctuations in individual need by embedding opportunity to receive varying amounts and types of paid supports as needed. The newly redesigned system should be communicated in clear and accessible ways for all Hoosiers.

Maintain Qualified Providers

Incorporate provider expectations and incentives in the waiver to attract, develop, and support qualified providers. Additionally, this goal incorporates an intent to build provider capacity overall.

Comply with HCBS Rule

Waivers developed as part of waiver redesign shall comply with the HCBS final rule.

Promote Efficiency

Waiver redesign will include guidance and services that support use of all parts of the Integrated Support Star to maximize eligibility-based services in ways that best support an individual's ability to live their good life in the community.

1.2 Background

In September 2018, Indiana Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services (DDRS) issued a request for outside expert help to redesign its Home and Community-Based Services (HCBS) waivers. HCBS waivers are a primary way the state meets the long-term service and support needs of people with intellectual and developmental disabilities (IDD).

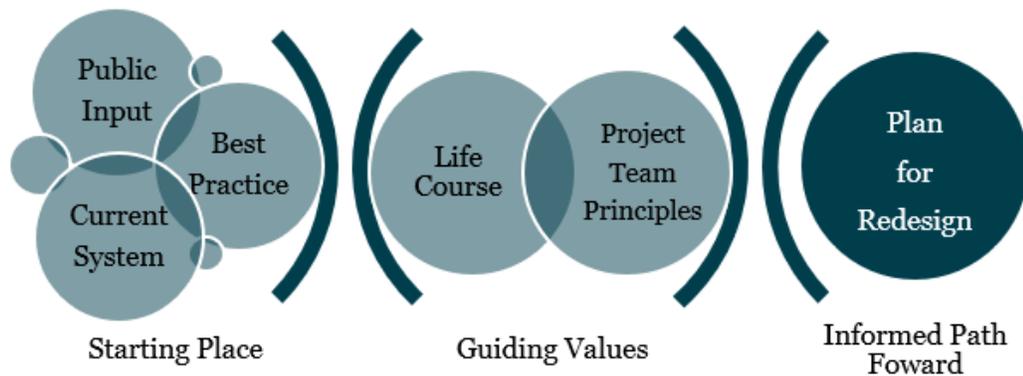
DDRS' interest in redesigning its HCBS waivers stems from a strong desire to make transformative positive change for individuals with IDD and their families. It is because of this desire that they have sought and value feedback from various stakeholders including individuals with disabilities, families, service providers, community leaders, and the 1102 Task Force. Furthermore, DDRS desires to be responsive to the barriers that currently exist within the services they offer and build upon those services that are currently working well. In alignment with these efforts DDRS has embraced the principles of the Charting the LifeCourse framework (CtLC). It is these principles (described in Section 3.2, pg. 27) that guide DDRS' efforts to develop comprehensive, person and family centered, individualized supports.

DDRS contracted with the Human Services Research Institute (HSRI) and a team of project experts (hereafter referred to as the project team) to assist with the waiver redesign. These efforts kicked off in April 2019. Below are the steps the team has taken so far which have led us to this point and the concept paper presented here.

- Working with DDRS to clarify and expand its goals for redesign and talking through what was working and not working under the current set of waiver structures and services
- Collecting and reviewing any and all information that describes stakeholders' concerns, wishes, and recommendations to DDRS in recent years
- Providing stakeholders with a high-level summary of the feedback and asking for additional feedback on desired changes
- Reviewing data and information on DDRS' current waivers
- Conducting thorough research into the waiver structures and practices used in other states
- Reviewing information collected and possible redesign options and considering how well they align with DDRS' stated vision, the feedback and expectations of stakeholders, recommendations from the 1102 Task Force, and LifeCourse principles
- Presenting the options for change that seem most promising and asking stakeholders for more input to make sure we are on the best path to reach Hoosiers' shared vision for redesign

When developing the broad ideas and options for redesign presented here, we first spent a great deal of time becoming versed in all the relevant context, both Indiana-specific and the larger federal landscape. On the national level there are new requirements, like those advanced by the Workforce Innovation and Opportunity Act

(WIOA) (briefly described in Section 2.4, pg. 22) and the HCBS Settings Rule (described in Appendix B.3), which demand that systems transform the way services have historically been offered. In Indiana, there are major workforce issues which require creative solutions for offering necessary supports and a strong and vocal desire by individuals and families to change both how services are offered and what services are offered. With all this broader context we reviewed new, best, and innovative approaches in use across the country to see what ideas could best help to meet the need in Indiana. We filtered what we learned through the lens of the LifeCourse framework and our own project team’s principles (see Section 3.1, pg. 26) to create a series of ideas and options for Hoosiers to consider as we move toward forming a plan for redesign.



This concept paper offers *your* opportunity to weigh in. There will be multiple opportunities for you to give feedback, share ideas, and help DDRS form the resulting plan for redesign.

1.3 Considerations

Nothing presented as part of this concept paper should be seen as a final decision.

The ideas and options presented in this document offer a chance to see what information the project team has gathered and how that information has guided current thinking. DDRS is seeking feedback in deciding which possible changes stakeholders agree with, which possible changes should take top priority, and which would best help Hoosiers achieve their good life.

Many of these changes would require additional funding to implement. Before it finalizes its plan, DDRS is working to identify the resources that could help support these changes. It is possible that not every change presented here is one that Indiana could feasibly undertake. Your input will help support DDRS as they weigh these considerations in forming the plan for redesign.

1.4 Guiding Questions

Throughout the next section, *A Vision for Redesign*, there are a series of boxes with key questions. You may find these questions useful in thinking about the ideas presented and how they may impact you. However, your feedback is not limited to these questions, so please share any thoughts you have in response to the paper. Your responses, along with any other feedback you'd like to offer, will help DDRS as they continue down the path to waiver redesign. Please also consider the following overarching questions as you review the concept paper:

Key Questions

- What waiver ideas presented are most important to you?
- In what ways would these ideas impact you directly?

Over the next few months there will be several ways for you to share your feedback with DDRS. For more information on how to share your thoughts please see Section 4—The Path Forward (pg. 37).

2 A Vision for Redesign

DDRS is interested in making transformational change to the system of supports for people with IDD and their families as part of this waiver redesign. In this section, we describe the types of changes DDRS is considering and provide both broad ideas for possible changes and some specific options for stakeholders to weigh and consider. We have divided the possible changes into four categories: structural elements, service changes, quality measures, and other improvement efforts.

2.1 Structural Elements Defined

Structural elements, for this initial concept paper, are those pieces of a waiver redesign that will likely impact every person receiving services. These changes, if adopted, would be require the largest shift away from the way things are currently done. DDRS will have to work closely with stakeholders to detail all the specific aspects of these changes if the decision is made to pursue these structural changes.

Our work to date has identified three areas where changes to structural elements can help address the goals of the redesign. When you see ‘structural elements’ in this concept paper, it means areas where the largest, most fundamental changes or impacts would be likely in the waiver redesign.

Waiver Configuration

As described in more detail in Appendix B (pg. 44), Indiana has two Medicaid HCBS waivers for serving individuals with IDD – the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH). The project team first looked to see how well the FSW and CIH were assisting the state in meeting its goals.

One of DDRS’ goals is to enhance member experience. A way DDRS identified to meet this goal is to provide flexibility for individuals in order to be responsive to their needs over the course of their lives. Similarly, the 1102 Task Force recommended a waiver system that offered the flexibility to meet unique and changing needs (Recommendation 1.1).

Stakeholders identify a wide gap between the types and amounts of resources and supports for people on the FSW and the types and amounts available on the CIH. Stakeholders also voiced concern that not all people on the existing waivers could access immediate help in a crisis, and a perception that a crisis could have been avoided with supports more readily available. Stakeholders also shared that many of the services offered on the FSW and CIH are not relevant across an individual’s lifespan.

One way to address these issues is through the type and combination of waivers used to serve individuals receiving services. The project team has identified two different options, or paths, for organizing the waivers as part of redesign which are presented below:¹

DDRS Waiver Redesign Path 1



In creating Path 1, it is envisioned that eligible individuals with IDD will be served on modernized waivers, each with an array of services specifically designed for the needs of children and adults using Home and Community Based Services.

As part of Path 1, the Family Supports Waiver would be replaced with Waiver 1. On this new waiver, individuals would have access to a capped amount of support that could be used to purchase services, with increased service options, that would best meet their individual goals and needs.

The Community Integration and Habilitation Waiver would be replaced with Waiver 2. Under this new waiver, the total amount of support they receive would still be determined using the current method (called the Objective Based Allocation, or OBA). Individuals on this waiver would also have access to a refreshed, expanded array of services.

As with the current FSW and CIH waiver, we would anticipate Waiver 1 having a budget cap, and entrance to Waiver 2 would be determined by priority criteria. If this path is pursued the need for more flexible support options that was voiced by stakeholders would primarily be addressed through the new service offerings (see Section 2.2, pg. 12). A number of the new services being considered are specifically devised to flexibly adapt to people's individual needs.

¹ In addition to the options related to DDRS Waiver Redesign, it is important to note that FSSA is exploring opportunities to develop increased capacity to serve children and families needing home and community-based services - see Appendix B (pg. 52) for additional detail.

DDRS Waiver Redesign Path 2



Path 2 has the same elements as Path 1 but it also includes the addition of a third waiver. This addition is intended to address the gap noted by stakeholders between the FSW and the CIH. This gap is most noted by stakeholders whose needs may be greater than the supports available on the capped FSW but do not rise to the significance reflected in the priority categories that must be met to access the larger, uncapped CIH.

Under Path 2, the middle waiver (Waiver 2) is meant to create additional budget flexibility and service options for these individuals. While the personal allocation amounts associated with each of these waivers still need to be discussed, we would expect both Waiver 1 and Waiver 2 to offer participants varying capped annual budgets with which to fund their supports.

This option also brings with it the ability to use a redesigned service array, including newly added services aimed at increasing individuals' independence and support options to help maximize their annual service budget.

If Path 2 were selected, DDRS would need to decide, with stakeholder input, the criteria that would be used to identify which participants should receive supports on which waiver. It will be important to thoughtfully explore with stakeholders how best to determine eligibility for each waiver so that each person can receive supports that are appropriate and meaningful to them.

Case Management

Case management and service coordination are critical functions in any service system. Case managers are often a primary point of contact for people with disabilities and their families and can be seen as representatives of DDRS. They are in a position to build enduring and trusting relationships with the people they support. Often people with disabilities want a case manager to be someone who is “a partner in the process”—someone they can rely on to help them navigate a complex service system. The role of case manager has many different aspects and responsibilities.

Case Management Responsibilities
Supporting individuals to identify their needs and connecting individuals to the services and supports they need
Guiding the process of person-centered service planning
Monitoring health and safety
Ensuring services are delivered according to the service plan
Coordinating across an array of paid and unpaid supports
Addressing complex needs and relationships
Responding to urgent needs and crises
Advocating for the people they support

Stakeholders made it clear that people with disabilities and their families in Indiana see case management as a vital resource and would like to enhance this service. When reviewing stakeholder input from the past, we found a few common themes about case managers and how people with IDD and their families would like to improve case management:

- More time for case managers to spend with people and build relationships
- Engaging in community resource development and connecting people with those resources
- Better understanding of the case management role
- More training and oversight for case managers

We recommend looking at all systems and structures in place to deliver case management when trying to make the improvements people have asked for. This is typically more effective than trying to apply gradual smaller-scale fixes. One structural action that DDRS could take is to look at and clearly describe its expectations for case management. This could result in changes to the provider qualifications that are outlined in the waiver, its contracting arrangements with case management entities, and relevant policies, procedures, and administrative rules.

There are other changes within and outside the waiver that can be considered when seeking to create an effective and sustainable case management system. Some states established requirements for caseload sizes when creating new case management expectations. Others take a look at current reimbursement rates and payment approaches for case management. And, as we mentioned above, ongoing and high-quality trainings can help make sure that case managers have the skills and knowledge to meet what is expected of them. Coaching and mentoring for case managers is also important in this regard.

Case management is essential to the success of the waiver redesign and the larger systems transformation. Case managers must have the information, skills, and

resources they need to help people navigate these system changes. Because of this, alongside the waiver redesign, DDRS plans to embark on Phase Two of Case Management Innovation. DDRS will reconstitute the workgroup used during Phase One of Case Management Innovation, which began in 2018, to think about how to define the desired vision for the case management service, how to strengthen the partnership with case management entities, and how to enhance quality outcomes for the people they serve².

Elements of Self-Direction

As part of this redesign effort, DDRS is considering ways to add initial elements of self-direction into waivers serving individuals with IDD. Self-direction is one way to improve the service experience by giving individuals more control over who and how their services are delivered, which is one goal of the waiver redesign.

There have been clear and persistent demands for self-direction from stakeholders across Indiana for a long time as was referenced in many forms of past stakeholder feedback. The 1102 Task Force's Recommendation 3.3 and a waiver concept paper offered to DDRS by INARF also suggest that self-direction be added. DDRS itself has a stated goal of improving the service experience by giving individuals more control over their services.

Often when people think of “self-direction” they envision a program where a person receiving services has complete control over a set amount of money, locates, hires, and fires their support staff independently, and is responsible for all aspects of being an employer. While DDRS is continuing to work toward offering this type of self-direction in the future, developing the infrastructure needed to build this type of program is not feasible on the timeline for waiver redesign. However, the project team has identified two possible ways that additional elements of self-direction could be added now.

The first is adding an additional service, Participant-Directed Goods and Services. This new service would allow participants to get items not typically covered by Medicaid in order to meet a disability-related need and would allow for supports other than those typically provided by support staff, thereby being one way to help address the notable workforce need.

With this service participants could get either goods—like items you buy, such as special equipment, passes to an event, or objects, or services—like gym memberships or house cleaning. These items and services would have to be used to maintain or increase independence and connect to a goal or an identified need recorded in their person-centered individualized support plan (PCISP). A qualified Medicaid provider could purchase these goods or services on behalf of the participant or the person or the company offering these goods or services could become a Medicaid provider themselves.

² A brief description of this group can be found in Section 2 of Indiana's CIH waiver.

As proposed, Participant-Directed Goods and Services would likely be subject to cost limitations and an overall spending cap that would need to be determined. However, adding this service presents the opportunity for individuals and families to have significantly more flexibility to obtain the goods and services that would be of most benefit to them.

Another possible way of infusing more self-direction into the redesigned waivers is through something called an Agency of Choice model. In this model, individuals have greater control over their services by becoming a co-employer with their provider agency. This option also offers another means for managing workforce limitations by empowering individuals to seek and find staff who are a good fit for them in hopes of increasing the longevity of the employment relationship.

We heard from stakeholders that some participants and their families find their own support staff for provider agencies to hire so they can receive services from those staff. Agencies then hire these individuals, give them the necessary training and background checks, and send them to serve the participant who made the connection. Agency with Choice is a formal name for this kind of activity, and this kind of relationship is called a ‘co-employership model.’ An individual who chooses the Agency with Choice model can choose their staff, direct their staff’s day-to-day activities, and train the staff on their own unique support needs. The provider agency would be responsible for the paperwork side of things, including completing background checks, offering standard training, and managing all aspects of paying the employee. This has the benefit of allowing the participant to direct the care they receive without the workload associated with being a solo employer.

The roles performed by the agency and participant can differ, but often the agency acts as the ‘employer of record’—the employer on paper—and the participant acts as the managing employer for day-to-day needs. The provider agency is in charge of legally hiring and firing, managing payroll, taxes, insurance, and benefits. The participant is in charge of making sure their staff is meeting their expectations. Using the Agency with Choice model offers people more freedom to direct their day-to-day care and provides a step in the direction of a more complete self-direction model. No one would be required to direct their services in this way, it simply would be an available option for those who would like to be more hands-on.

If adding the Agency with Choice option is something that DDRS and stakeholders wish to pursue it will be necessary to gather additional stakeholder input for exactly how this model will be implemented in Indiana. While most technical aspects of how agencies obtain, pay, and manage their employees would remain the same, this model would require some new types of collaboration between agencies and those who receive services.

The two types of self-direction presented, Agency with Choice and Participant-Directed Goods and Services, could be used together or separately. Both help to lay the groundwork for additional forms of self-direction in the future.

Key Questions

- What waiver options do you feel would work best in Indiana?
- What kinds of support would you like to see in the delivery of case management in Indiana?
- Would the addition of a Participant-Directed Goods and Services service help individuals to have more choice and control in getting their needs met?

2.2 Service Changes

While some of the goals of waiver redesign can be achieved through structural changes, many of the changes that stakeholders have requested relate to changing the services within those waivers. Indiana is also in the process of coming into compliance with the HCBS settings rule and has identified a need to adjust some of the existing services in order to do so. Furthermore, DDRS' and stakeholders' interest in transformational change as part of waiver redesign includes a desired movement to waiver services that help build skills and relationships needed to truly live a self-directed life. Taking all of this into consideration, the project team used a four-step approach to think about possible service changes. So far, the work on service changes has focused on determining the proposed services, renaming services, and identifying broadly what will be included in the services. Service definitions, which describe in detail the services that providers can be paid for, have not yet been created. Input from stakeholders on potential service changes is needed before these new definitions can be developed. In this section, we outline our approach for considering service changes and offer examples of possible changes. Appendix A (pg. 40) offers a full list of the service changes being considered.

Approach

Step 1: Clarify Service Names

During Step 1, we found services that stakeholders felt were working well, or that would only need modest changes to later service definitions. For these services, we looked to see if clearer service names were needed in response to requests to simplify the service array by making it easier to find terms you might associate with the services you are looking for.

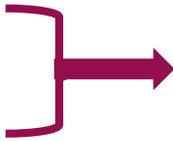
For example, Extended Service (formerly Supported Employment Follow Along) offers ongoing job-coaching to individuals who need help at their place of work after supports from Vocational Rehabilitation have ended, or when they have found a job through other means. We suggest changing the name of this service to Supported Employment to better speak to what the service is. Likewise, the current

Prevocational Services does not explain the goal of the service. We suggest calling it Learning and Work Experience to give people a clearer sense that it is a service that helps people build toward competitive, integrated employment. Our aim is to build a service array that at first glance is clear for individuals and families to identify the services that offer the supports they are looking for.

Current		New
Extended Service		Supported Employment
Prevocational Services		Learning and Work Experience

Step 2: Group and Simplify Services

As Step 2, the project team looked to see if there were similar services that could be grouped together. To do this, we considered people’s experiences when selecting services. When going to a planning meeting, if you were given a list of services to choose from, what would you think when seeing these two separate services – “Residential Habilitation and Support” and “Residential Habilitation and Support-Daily”? How would you know which to pick? By making these two services just one item on the service list individuals will have a shorter and simpler list to review. If they decide that Residential Habilitation and Support is a good service for them, they can then work with their case manager to decide which service billing and payment structure is the best fit rather than having to worry about that at the start.

Current		New
Residential Habilitation and Support		Residential Habilitation and Support
Residential Habilitation and Support- Daily		

Step 3: Change or Remove Services

In Step 3, the project team focused on services that needed more notable changes. One service that DDRS and stakeholders all noted could be improved was Family and Caregiver Training, which we suggest renaming to Family/Caregiver Supports. This will make it clear that this service offers more than just training. Based on feedback from stakeholders, we know there is a need for families to connect with other families experiencing disability-related issues. We propose adding peer support and peer training elements into this service (and improving other trainings the service already offers).

Current		New
Family and Caregiver Training		Family/Caregiver Supports 

Another service that DDRS especially wanted to focus on is the current Structured Family Caregiving service. DDRS has been working with a stakeholder workgroup looking at this service since March 2019. This service is of particular interest because

of its potential ability to begin the shift away from reliance on shift-models of support which are increasingly hard to maintain due to workforce shortages. Changes being considered to the current service are based on the recommendations of this stakeholder workgroup and include:

- Changing the name of the service from Structured Family Caregiving to **Shared Living** to better reflect the spirit and goal of the service
- Requiring a robust matching process for individuals and families prior to placement to make sure personalities and lifestyles are a good fit together
- Caseload limits of 20:1 for agency program staff responsible for providing oversight to Shared Living settings
- A requirement for agencies to have a site certification process
- Limiting Shared Living settings to no more than two individuals, unless for the benefit of the individuals
- Improving the alignment of funding tiers with the Objective Based Allocation system

Based on stakeholder feedback and the research completed on best and innovative practices the project team has also identified a number of additional services that should be considered for larger changes at the service definition development phase. For example, stakeholders identified a desire to maintain qualified providers, in particular noting a need to expand the capacity of those providing behavioral support. Enhancing the qualifications required to provide that service is one possible way of accomplishing that goal. More detail regarding possible service definition changes will be offered as part of the final concept paper following additional stakeholder input and agreement on the service array more broadly.

From completing the current waiver service review, we found that some services could be removed because they were not being used or could be folded into another service. These services included Wellness Coordination and Intensive Behavioral Intervention. Many of the activities provided by these services could be included under other services thereby meeting the need. For example, Wellness Coordination could be added to the activities that Residential Habilitation providers are paid to provide. This way, people who need Wellness Coordination can have their need met as part of a service they are already receiving. We also identify the potential to remove Intensive Behavioral Intervention as a service. This service is currently unused, and a full range of behavioral support needs will be obtainable within a remaining, redefined Behavioral Supports service.

Step 4: Add New Services

Once the full range of existing services were considered, Step 4 consisted of thinking about services that may be needed to fill out the service array in order to meet the needs identified by stakeholders and provide supports that are holistic, comprehensive, and individualized. The review of possible new services was

conducted considering the best and most innovative practices being used in other states, the specific needs identified by stakeholders, and the guiding principles DDRS put forward.

New services under consideration include:



Housing Support Services. This service is modeled after a service from Minnesota. The goal of this service is to help people with IDD find good and affordable housing, and to keep that housing once they have it. We propose adding this service because so many stakeholders told us that additional supports are needed in this area to help with housing for the people receiving waiver services. We think that adding this service could also strengthen the relationship between DDRS and HUD, as well as local community entities involved with housing. Instead of more traditional IDD service providers, it is providers with specific housing expertise that have been identified to offer this service in Minnesota. In following this model, DDRS could partner with other agencies to help expand the system of support for people with IDD.



Healthy Living Services. This service is modeled after Wellness Service, which is currently offered in Washington D.C. This single service contains many different options which provide flexible opportunities to obtain support that promotes physical and emotional health and wellness. Within this service someone could receive nutrition education, bereavement counseling (counseling for when a loved one has died), education on safe and healthy relationships, or other services that promote health and wellbeing. Participants would be able to choose the component of the service that is the best fit for them, and that best meet the goals outlined in their PCISP. This service would likely have a set amount of money that participants could use for it each year and people could choose different components of the service to use each year. In this way, the service could change along with the needs of the individual.



Expressive Therapy Services. We heard from numerous stakeholders that more and different kinds of therapy services are wanted; this service is one option to meet that need. This service would contain many different creative therapy service components like therapeutic riding, art therapy, music therapy, drama therapy, dance and aquatic therapy. Much like Healthy Living Services, participants would be able to select the components that fit with their goals, and they could choose different components each year. While all these different types of therapy services would be offered under this one service heading, individual providers would be authorized to offer a specific type of expressive therapy service based on their education and credentials. Rates of reimbursement for various therapies within this service could also differ. This would offer opportunities for extended choice to individuals and families while maintaining the level of expertise expected for each unique type of therapy.



Peer Support and Community Connection. Another service area that many stakeholders expressed interest in was peer support options. To advance

this idea, we drew from peer support and community guide services from many states. Peer Support and Community Connection would help find opportunities for individuals to get out into the community and form relationships with people who are not paid to support them. This service would help participants build new skills and support their full participation in community life. One big goal of this service is to help people find natural supports in integrated settings. For example, as part of this service a peer connector could help an individual who loves researching their family history find a group for people who are interested in genealogy. They could help them figure out when the group meets, how to get there, and attend the group with them a few times to get acquainted. The person using the service could then begin attending this group on their own and may even begin meeting weekly with another member of the group to do research on their shared interest. This service would use a main coordinator and people who have experienced disability themselves to help participants make these connections.

Framing the Service Array using LifeCourse Principles

In reflecting upon the full service array under consideration the project team wanted to ensure that no holes existed in forming a set of services that were well-equipped to support individuals to live their good life in the community. To do this, we used concepts from the LifeCourse toolset to sort services into five categories:

Icon	Category	Description
	Meaningful Day Activities & Employment	Includes school, employment, volunteering, communication, routines, life skills
	In-Home Supports	Includes housing and living options, community access, transportation, home adaptations, and modifications
	Healthy Living	Includes medical, mental health, behavior, developmental, wellness, and nutrition services
	Planning, Navigation, & Information	Includes strategies for peer support and service coordination
	Integrated Options for Service Delivery	Includes a variety of sources of support including personal strengths, community, relationships, and technology

While this organizational framework does not completely mirror the LifeCourse domains this exercise allowed us to reflect on how well the array being considered achieves DDRS' and stakeholders' vision for comprehensive, person and family centered, individualized supports. For more information on how LifeCourse Principles factored into the waiver redesign development process see Section 3.2 (pg. 27).

Appendix A provides an overview of the full array of service options currently being considered and is organized using the categories above. New service offerings are

indicated with the applicable LifeCourse icon. Service options will continue to be refined based on feedback from stakeholders.

Key Questions

- Do you think these suggested changes could help meet some of the needs in your life that aren't currently being met?
- Which of these new services described as potential changes are most important to you? Do you have suggestions of other services that should be considered?
- Could any of these changes make it more difficult for you to find or use services?

2.3 Quality Measures

We heard a lot of feedback from stakeholders about better quality services and supports. This included wanting better coordination across service systems, better planning around paid and non-paid supports, and better trained and longer-lasting staff. Stakeholders also expressed a desire to see a better monitoring and complaint system, so it is easier to know when services and supports are not meeting expectations. All of the changes currently being considered as part of this waiver redesign are aimed at making the HCBS services and supports that Hoosiers receive better. To do this, DDRS plans to change the way it judges the quality of services it offers.

CMS requires every state to make six basic assurances, or promises, (listed in the box at the right) in order to receive funding through an HCBS waiver program³. States judge the quality of their services by measuring what are called quality indicators and performance measures. These are things that can be counted that give us an idea of whether something is good or bad. An example of a performance measure could be the number of people who met with their case manager at least four times last year. We want people to meet with their case managers so that they can make plans, stay informed, and

CMS' 6 Home and Community-Based Services Assurances:

1. A uniform process for determining level of care
2. A robust process for determining that providers are qualified
3. A thorough person-centered planning process
4. Demonstration of a system to protect the health and welfare of participants
5. Demonstration of administrative accountability
6. Demonstration of financial accountability

³ See: https://wms-mmdl.cms.gov/WMS/help/35/Instructions_TechnicalGuide_V3.6.pdf

voice concerns. If they don't get to do this, it is a problem. This metric tells us if a larger number or fewer people are getting to do this. States are different in what they measure, but all must show CMS that they are meeting all six assurances.

The six CMS assurances represent the minimum requirements that CMS expects of all states and must be in place so that individuals can receive quality services and supports from a waiver. These assurances are the same as many of the safeguards that stakeholders have said are important to them. These include a good person-centered service planning process and quality services and supports. DDRS recently changed some its current performance measures as part of two waiver renewals. New performance measures include:

- Percent of sampled individuals who report that their services and supports are helping them to live a good life
- Percent of sampled participants who responded that their case manager asks what they want as part of their service plan
- Percent of waiver participants who do not feel afraid or scared in their home or day program

These, and other measures, will continue to be used to meet the six key CMS assurances.

DDRS is also interested in capturing new types of information so they can begin measuring how well the services and supports they offer are helping people to achieve their good life. Feedback from stakeholders shows that they are also interested in this kind of information. Making changes to the current quality assurance measures in the waiver so that they are more person-centered is one step toward realizing this goal.

Another step is ensuring that DDRS has adequate ways to collect and utilize data related to these measures and indicators. To this end, DDRS is working on a parallel effort referred to as the Information Technology (IT) Consolidation project. This effort is geared toward modernizing and streamlining the IT resources that are used to support and monitor services.

In addition, Indiana recently pursued and was awarded a Living Well grant through the Administration for Community Living to build a community monitoring approach that would complement the goals and objectives of waiver redesign. These resources are being used to think about and identify ways to measure outcomes that lead to a good life. As a starting point, the Living Well Steering Committee – which is comprised of a wide-variety of stakeholders – is exploring what outcomes should be worked toward in the areas of Meaningful Day & Employment, Social & Spirituality, and Citizenship & Advocacy.

Waiver redesign will incorporate some changes to how quality is measured, but the larger effort will continue to evolve over the next several years. This is an area of particular interest and focus on the national level with more support and technical assistance likely on the way in key areas like incident reporting and outcome

development. DDRS is already in the process of developing a better quality-improvement system to capture data to help individuals to have a good life. DDRS is committed to looking at quality of life, and to work with stakeholders to decide how to measure a good life. The exact items that will be measured are still under discussion. DDRS looks forward to hearing what items you feel can show that someone is getting the supports and services they need to live their good life in the community.

To help you think about quality measures you could suggest, we've provided some examples of metrics that measure the quality of services and supports:

- Number of individuals who feel connected to their communities
- Number of individuals who have valued social roles
- Number of individuals who chose where they live and work
- Number of individuals who have friendships with people other than paid caregivers
- Number of individuals who are actively involved in self-advocacy groups
- Number of individuals who have access to the same resources in the community as individuals without a disability

Getting regular, good, and trustworthy information on the quality of life of individuals is a long-term process. DDRS is committed to this process. Changes to the waivers are the very first step in that process.

Key Questions

- What kinds of quality measures can DDRS use to make sure Hoosiers are living a good life?
- To better monitor safety, DDRS may need to seek information from individuals who use HCBS waivers more frequently. How often should this occur?
- Would you be comfortable sharing your thoughts directly with DDRS so that it could get the kinds of information it might need to answer some of its quality indicators and performance measures? If so, who would you like to ask you those questions (a case manager, your staff, a DDRS staff, someone else?)

2.4 Other Improvement Efforts

While the focus of this concept paper is to share with stakeholders our ideas for waiver redesign, we also want to highlight some of the other systems improvement efforts that are happening right now. The goals and principles outlined by DDRS (Section 1.1, pg. 1), the 1102 Task Force recommendations (Appendix B, pg. 46), and stakeholder feedback (Section 3.3, pg. 30) are the key inputs the project team has kept

in mind as we consider possible waiver changes and whether they would be a good fit for Hoosiers. Early on in our work, we realized we would not be able to make all the changes desired by various stakeholder groups. In fact, some of the desired changes to the service system simply couldn't be made by changing the waivers. To make these changes, work has to be done in other areas of Indiana's systems of support for individuals with IDD.

Here, we highlight some of the many improvement efforts that are underway. We focus especially on efforts that relate to DDRS' goals for the waiver redesign or items that stakeholders told us were of particular importance.

Housing Access and Support

Our stakeholder survey confirmed that having access to and being able to afford housing are high priorities for Hoosiers. To help with this, we have proposed a housing service as part of waiver redesign. There are also other activities happening to help strengthen DDRS' relationships with housing experts in Indiana. DDRS partnered with Indiana Housing & Community Development Authority (IHCDA) on a few projects to support individuals with IDD. In 2018-2019, IHCDA funded 9 housing development teams through IHCDA's community integration set-aside. The community integration set-aside focused on 20-25% of total development units reserved for occupancy by a household in which at least 1 member is a person with an IDD. In 2019, IHCDA announced and awarded the Moving Forward 2020 special initiative in collaboration with DDRS and Energy Systems Network (ESN). Moving Forward 2020 asked respondents of the Request for Proposal to "take on the challenge of providing integrated affordable housing for persons with intellectual and developmental disabilities by implementing innovative technologies to improve quality of life and independence."⁴ DDRS will provide input and help IHCDA by finding experts to work with the respondents to further develop this idea and focus developers on how this housing initiative can improve the quality of life for individuals with IDD.

Workforce Issues

Stakeholders have been vocal about the workforce issues that limit individuals' ability to find and maintain quality direct support professionals. Limited workforce is a complex issue experienced across states and across industries. Given those complexities, DDRS is exploring a variety of measures aimed at trying to address this issue. Some are more direct, like the Rate Methodology project described on page 22, and the need for competency-based training and curriculum described on page 21. Some may seem less direct, but they are intended to create new opportunities while freeing up necessary or higher qualified staffing solutions for individuals needing direct staffing. For instance, new services are being considered, such as Participant-Directed Goods and Services and Peer Support and Community Connection, which move away from requiring one-on-one ongoing staff support. Greater emphasis on offering supports through technology in the expanded Assistive Technology,

⁴ See <https://www.in.gov/ihcda/files/Moving%20Forward%202020%20RFP.pdf>

Assessment and Training service is another way we are considering workforce and identifying other support resources. In considering additional investment in and revitalization of the current Structured Family Caregiving service the aim is to make Shared Living a service that meets the identified need for residential supports in a manner that facilitates long-lasting relationships which result in quality support and new opportunities for DSPs. DDRS is also engaged in ongoing conversation regarding the workforce issue and is committed to working with stakeholders to identify creative solutions even beyond those being considered as part of waiver redesign.

Collaborative Approaches to Transportation Support

Transportation is a high priority for stakeholders. This was confirmed by the feedback from our stakeholder survey, by the 1102 Task Force report's recommendation 2.4, by INARF's waiver concept paper for DDRS, and by the DDRS Advisory Committee. DDRS understands that transportation is a major part of people's everyday lives. As part of the waiver redesign, DDRS is exploring changes that may help in this area. However, DDRS also understands this is a larger community issue and is looking for ways to partner with organizations that are developing local solutions. For example, key stakeholders, including FSSA and DDRS, have been working with Health by Design on an interagency workgroup focusing on mobility management.

Family and Self-Advocate Training Initiatives

Stakeholders identified the need for an orientation training or 'getting started' materials for individuals and families who are new to the service system. DDRS has recently developed a series of fact sheets to provide individuals and families with key information about navigating the service system and has plans to create more fact sheets in the future. Additional training and educational opportunities for families and self-advocates are also being developed as part of DDRS' Living Well work as one of the grant's key outcome areas is to build the capacity of families and self-advocates to live their good lives. Possible training topics include: making use of community and natural resources, understanding how service systems fit together, and how to build networks of support (see Appendix B.3, pg. 50, for more information on Living Well).

DSP Training Initiatives

Stakeholders discussed a need for better staff training in several documents reviewed by the project team. The 1102 Task Force also recommended that a state-approved outcome and competency-based training curriculum for direct support professionals be developed (Recommendation 4.6). DDRS is interested in obtaining stakeholder input and ideas regarding how to move forward with the implementation of this recommendation. DDRS also recently put out a request for a new quality vendor and in that request asked for a greater focus on training and technical assistance to providers, including training on issues that would be relevant at the DSP level.

LifeCourse Training Initiatives

Training is a key component of the work DDRS has planned as part of its Living Well grant (See Appendix B.3, pg. 50). As part of this effort DDRS has recently contracted

with UMKC to provide a LifeCourse Ambassadors series in Indiana specifically tailored to unique audiences including self-advocates, families, providers, and case managers. This training series teaches participants about LifeCourse principles, concepts, and tools, and allows them to gain competency in applying the LifeCourse as a problem-solving method while introducing a new way of thinking around how to help individuals reach their good life.

Refreshed Rates

Many of the stakeholders' goals for waiver redesign center on the rates that providers are paid. In some areas the connection is obvious—higher pay for direct support professionals. But in others the connection is less direct. For example, the desire for better trained staff can be addressed by inserting additional training time for all staff into the rate model. Likewise, you could offer rates that assume higher pay for DSPs, incorporate ample benefits packages and PTO, and other adjustments with the goal to reduce staff turnover and improve the length of the relationship between the participant and their staff. Ultimately the direction taken will be based on FSSA policy decisions, incorporating stakeholder priorities, within funding constraints.

FSSA has contracted with Milliman to develop new rate methodologies and conduct the rate setting process across all of its HCBS programs. Their work to review the existing provider rates for IDD waiver services is set to begin in early 2020. The rate developed for a given service depends on a variety of factors, including the service definition, the provider qualifications, provider staffing levels and non-client facing time, among other considerations. Milliman will be responsible for developing rates that reflect the resource requirements for a given service, as laid out and defined by DDRS, with stakeholder input, during the waiver redesign and rate methodology processes. Results of the updated rate methodologies and associated rates will require additional review and approval by Indiana's State Budget Agency and the State Budget Committee. The rate methodology schedule of activities is closely aligned with the state's next biennium budget cycle.

Employment Initiatives

Employment for people with disabilities is a priority in Indiana. Several of the 1102 Task Force recommendations relate directly to supporting opportunities for employment. Indiana Vocational Rehabilitation (VR) works in collaboration with other bureaus under DDRS, as well as other state agencies on efforts related to improving employment outcomes for individuals with disabilities. Following the passing of the Workforce Innovation and Opportunity Act (WIOA) in 2014, a state and national area of focus for VR programs includes using Pre-Employment Transition Services (Pre-ETS) funding to develop opportunities for students with disabilities to have access to meaningful career planning in order to help with the movement from high school to employment or post-secondary training. Indiana VR

provides Pre-ETS services statewide and has partnered with existing evidence-based programs like Jobs for America's Graduates (JAG) ⁵.

VR entered into contracts with more than 40 VR Employment Service Providers in April 2017 to improve ability to offer quality employment services, including supported employment. The objective of the project is to strengthen employment service provider staffing resources and training, with an emphasis on hands-on skills training. These projects will continue for a four-year period, ending March 2021. Data from the first two years of the project that has been looked as so far shows very positive trends in the provision of supported employment, keeping employment and having positive outcomes, average wages and weekly work hours, and foundational skills training for staff.

Employment services funded through VR were substantially modified in 2015 to address the unintended consequences of the prior results-based funding (RBF) model. This was done by increasing flexibility and individualization, increasing access to discovery activities and supported employment, and shifting employment services from a system-centric approach to a more consumer-centric approach. After considering ongoing feedback from VR staff, Employment Service Providers and other stakeholders, as well as from a review of data and outcomes, several additional enhancements have been implemented over the last three years. These include additional rate increases to milestone payments, streamlining rate structures and documentation requirements, and providing refresher trainings.

DDRS also works to develop public-private partnerships to further the state's employment goals. For example, other Indiana employment-focused efforts underway in collaboration with community partners include:

- Convening of an Employment First Advisory Committee through the Commission on Rehabilitation services to guide the development and implementation of the state's Employment First initiative
- Conducting town hall meetings around the state on the topic of employment through Work to Include sponsored by the Governor's Council for People with Disabilities
- Planning an Employment Summit to include national speakers

The waiver redesign work attempts to consider and build on these existing efforts. While a full array of services is offered through VR, the employment supports we are considering for the waivers focus primarily on helping people gain interest in and comfort with the possibility for competitive, integrated employment, and helping people maintain successful employment placements.

⁵ JAG is a resiliency-building workforce preparation program that helps students learn in-demand employability skills and provides a bridge to post-secondary education and career advancement opportunities.

Navigating the System

Another message that was common in the stakeholder input—both past and present—is that people want help navigating the system. This includes help selecting the right waiver, understanding services, and finding a provider. In 2019, Indiana launched the IndianaDisabilityResourceFINDER.org⁶ (nicknamed FINDER) as a step to make it easier for people to identify and locate disability-related resources in their local communities. FINDER was funded by AWS Foundation and made possible with the help of various nonprofits organization, DDRS representatives and families from across Indiana.

Many in Indiana agree that the current process to locate and connect with qualified service providers (a process called the “pick list”) is not very effective. Information about providers may be outdated, their availability may have changed, and it may be difficult to locate providers in some parts of the state. Developing and maintaining easy ways for people to connect with qualified providers is an area DDRS would like to work on. DDRS has evaluated web-based options, such as those utilized by FINDER (an online, searchable directory of Indiana resources, articles, services, and programs for people in the disability community) to consider future changes to the pick list.

DDRS has been creating specific educational and outreach materials, such as a checklist for people entering waiver services. These are being made available on the DDRS website. DDRS hopes to expand its library of documents like these so that Hoosiers will have more materials available to them on-demand. DDRS is also working to update its information technology system; this will help it share more up-to-date provider information with participants.

Key Questions

- Do you have questions about the connection between these initiatives and the broader waiver redesign?

2.5 Next Steps

The options, ideas, and proposals outlined in this section reflect our vision for the types of changes that will best achieve the goals of waiver redesign. As you can see, there is still work to be done and a need for further collaboration with stakeholders.

This section offers just a taste of the types of changes under consideration. The project team will move forward with developing a plan for the direction of waiver redesign once we have received your feedback and spoken with DDRS about Indiana’s capacity to make some of these significant changes.

⁶ <https://www.indianadisabilityresourcefinder.org/home>

Answers to the key questions outlined throughout this section, as well as any other feedback, will provide the foundation needed to move this initial concept paper into its next phase. The project team will issue a revised concept paper moving beyond the review of options into a proposed path for redesign. This final paper will outline the waiver reconfiguration that was selected and the process for including self-direction. It will also outline service changes, including those to case management, and the approach for measuring quality. Stakeholders will again have an opportunity to provide feedback at that time.

3 Underpinnings of Redesign

Before the project team could begin forming ideas about the changes that should be considered for waiver redesign, we had to have a strong grounding in both the principles guiding redesign and the desired outcomes of this effort. In addition to the DDRS goals and principles outlined in Section 1, two other types of principles also guided this work: the project team’s own principles and LifeCourse principles. Stakeholder input also factored heavily into understanding what the redesign should look like and what types of initiatives and practices from other states should be the focus of our research.

In this section, we explain the various information that went into building the vision for waiver redesign.

3.1 Project Team Principles

The project team brought their own set of principles for transforming systems of support for people with IDD. Our team identifies three essential elements to this work: 1) a core belief that all people have the right to live, work, play, and love in their community 2) allowing the state’s guiding policy intentions to direct the work and 3) a collaborative process which includes individuals, family members, providers, and other key stakeholders. These three elements place the project team in the best position to make recommendations that balance a state’s best intentions to promote and advance self-direction and community integration with the need to develop an efficient, equitable, and effective system.



These project team principles were outlined in the initial proposal and guide our approach for waiver redesign.

3.2 LifeCourse Principles

Charting the LifeCourse (CtLC or LifeCourse) Framework was created by families to assist individuals and families of all abilities and all ages develop and achieve their vision for a good life. Through a guiding set of principles LifeCourse sets out to develop a common language and universal approach in supporting individuals with disabilities and their families.

In 2016, Indiana became a member of the National Community of Practice for Supporting Families which is a group of states that are working and learning together to create systems change that supports individuals and families to achieve their best life. The LifeCourse Framework is the foundation of this Community of Practice.

DDRS shares the values and principles of the LifeCourse Framework and is committed to ensuring that all of its programs, services, and initiatives align with these sets of principles. Below is a brief description of the principles and how they were applied to this work.

The **core belief** of Charting the LifeCourse is that “all people have the right to live, love, work, play and pursue their life aspirations in their community”. The key intent of Waiver redesign is to enhance policies, practices, and services so that individuals with disabilities and their families have the same opportunities as everyone else living in Indiana.



Focusing on ALL People. *All people are considered in our vision, values, policies and practices for supporting people with intellectual and developmental disabilities.*

How was this considered in waiver redesign?

This principle was used to think about how the number and type of waivers could meet the needs of those already receiving services, provide pathways for those who may be waiting for services, ensure access to those who are interested in and desire services, and anticipate the support needs of those who may need services in the future.



Recognizing the Person within the Context of Family. *People exist and have reciprocal roles within a family system, defined by that individual. Roles adjust as the individual members of the family system change and age. The entire family, individually and as a whole, needs support to ensure they all are able to successfully live their good life.*

How was this considered in waiver redesign?

When considering that types of supports that could potentially be available through waiver redesign it is important to not only consider what the individual with a disability needs but also what the family needs. By doing so it allows families to thrive, support each other, and reduce caregiver burnout



Trajectory of Life Experiences Across the Lifespan.

Individuals and families can focus on a specific life stage, with an awareness of how prior, current and future life stages and experiences impact and influence their trajectory. It is important to have a vision for a good quality life and have opportunities, experiences and support to move the life trajectory in a positive direction.

How was this considered in waiver redesign?

Through waiver redesign we hope to provide access and support to experiences that allow for opportunities for growth, learning, and success that bring the individual and family closer to their defined vision of a good life. This principle reminds us that life experiences affect the decisions we make now and in the future. Therefore, the services on the redesign should allow for flexibility, understanding, informed choice, and learning from individual successes and failures.

Achieving Life Outcomes. *Individuals and families plan for present and future life outcomes that take into account all facets of life and have life experiences that build self-determination, social capital, economic sufficiency, and community inclusion.*



How was this considered in waiver redesign?

Through waiver redesign we aim for the services to build self-determination, community integration, social capital and healthy relationships. The emphasis is on creating waivers that allow for planning and achievements of positive life outcomes, rather than a simply picking from a menu of services.

Holistic Focus Across Life Domains. *People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. Life domains are the different aspects and experiences of life that we all consider as we age and grow. These include: Daily Life & Employment, Community Living, Safety & Security, Healthy Living, Social & Spirituality, and Citizenship & Advocacy*



How was this considered in waiver redesign?

Having an array of services that fulfill and support all aspects of a person's life is critical to the redesign efforts. It is important that through these efforts we consider how services are supporting individuals in each domain. In doing so, it allowed the team to look at current and proposed service definitions to ensure that all life domains were included beyond just a narrow focus on health and safety as can sometimes be the case with HCBS waiver services.



Supporting the Three Buckets of Needs. *The three strategies for supporting individuals and their families can be organized into three categories (or buckets): 1) discovery and navigation: having the information and tools you need to navigate life 2) connecting and networking: making connections with peers and resources to help you navigate; 3) goods and services: the day-to-day tangible items you buy or use from public and private organizations in your community.*

How was this considered in waiver redesign?

The three categories provided a structure to ensure that we were addressing the informational, social-emotional and day-to-day needs of the individual and their family. This principle highlights the need to provide or create peer support opportunities, deliver accurate and timely information, assist individuals and families to understand the system of supports and services available, as well as ensure access to respite, resources for adaptations and futures planning.

**Integrated Services and Supports Across the Life Course.**

Individuals and families access an array of integrated supports to achieve their envisioned good life. These include those that are publicly or privately funded and based upon eligibility; community supports that are available to anyone; relationship-based supports; technology; and the personal strengths and assets of the individual and family.

How was this considered in waiver redesign?

This principle was used when reviewing current services, or considering new service options, that would increase access to a range of support options. Specifically focusing on the Waiver would assist a person to access technology, leverage community resources and build upon individual strengths and relationships.



Transformational Policy and Systems Change. *People with disabilities and their families are truly involved in policy making so that they influence planning, policy, implementation, evaluation and revision of the practices that affect them.*

How was this considered in waiver redesign?

The overall purpose of the Waiver redesign is to better align the services and supports with what individuals and their families need to achieve their good life. To achieve this, individuals and families must be included in all aspects of the redesign process. Since the start of this process and as the waiver redesign effort moves along, there are many opportunities to get valued input from individuals and families.

3.3 Stakeholder Engagement

Stakeholder engagement is an important part of waiver redesign for many reasons. For one, the project team believes strongly that better solutions come when people collaborate and stakeholders take part. What's more, many of DDRS' goals relate to the experience individuals have with waiver services. Getting information directly from stakeholders is the best way to know what changes would improve their experience.

DDRS has and will continue to provide opportunities for stakeholders to have their voices included in redesigning these HCBS waivers. It is important that all types of stakeholders have a chance to provide input - including people with disabilities and their families, advocacy organizations, service providers, and the public at large. The intent is to work together to design a responsive system within available resources.

Past Feedback

A lot of stakeholder input had already been collected in Indiana before waiver redesign began. Both the development of the 1102 Task Force recommendations and the Statewide Transition Plan (both discussed in more detail in Appendix B) relied heavily on hearing from stakeholders. DDRS also hears from stakeholders through webinars, family listening sessions - hosted in partnership with The Arc of Indiana and through Building Bridges sessions, public meetings, and meetings with key stakeholder groups. A great deal of this existing stakeholder input was relevant to waiver redesign.

The project team collected and read documents from these activities such as reports and meeting notes to understand stakeholders' experiences with the current system. We reviewed:

- Indiana’s Olmstead Plan – *Policy Options to Support Individualized and Person-Centered Services and Funding*⁷
- Reports compiled based on findings from the Individual Experience Survey⁸
- Documents generated by the Living Well initiative⁹
- Notes and presentations from Family Listening Sessions hosted in partnership with The Arc of Indiana¹⁰
- Stakeholder input section of the Statewide Transition Plan¹¹
- The Arc of Indiana's Blueprint for Change report developed in 2010¹²
- Indiana Governor’s Council on People with Disabilities State Plan 2017-21¹³
- Reports and other materials provided by the Indiana Association of Rehabilitation Facilities (INARF)¹⁴

We looked for common themes throughout these materials as a way to understand what stakeholders wanted without asking them to repeat information they had already shared. The message was clear – people in Indiana want to see improvements to the services and supports available to people with disabilities.

However, not all of the changes that stakeholders identified can be made by changing HCBS waivers alone. Some will require bigger changes to the whole IDD service system. We sorted the desired changes into two categories: IDD Service System changes and HCBS Waiver changes.

⁷ Originally published March 28, 2001. For access to this document contact DDRS.

⁸ The Individual Experience Survey was created and administered by Indiana University under the leadership of Teresa Grossi.

⁹ These include a Charting the LifeCourse trajectory, an article announcing the award of the Living Well grant to DDRS, the Living Well project proposal, the Living Well Grant Evaluation Work Plan (Revised), a Charting the LifeCourse Integrated Supports Star, and a draft outline of the needs assessment plan and methodology questions

¹⁰ Notes were derived from Building Bridges events held quarterly by BDDS and Statewide Family Forums held by DDRS in partnership with The Arc of Indiana in 2016.

¹¹ Most current published version available at <https://www.in.gov/fssa/files/IN%20FSSA%20HCBS%20STP%20-%20V8.pdf>

¹² See: <https://www.arcind.org/wp-content/uploads/2017/05/Final-Blueprint-Report-1.16.pdf>

¹³ See: https://www.in.gov/gpcpd/files/State_Plan_2017-2021_Goals_and_Objectives_Final_Public.pdf

¹⁴ Various materials were provided to the project team most notably INARF’s own Waiver Redesign Concept Paper submitted on July 15, 2019.

IDD System	HCBS Waiver
<ul style="list-style-type: none"> ❖ Less staff turnover ❖ Better trained staff ❖ Better transportation ❖ More affordable housing ❖ More meaningful community options ❖ Higher pay for providers ❖ More flexibility with services and supports ❖ Help with key transitions across the lifespan 	<ul style="list-style-type: none"> ❖ Help understanding the waivers, services, and how to apply ❖ Help with choosing a provider ❖ More choice and control over services and self-directed options ❖ More technology services and supports ❖ Better coordination across medical, waiver, community supports ❖ Better behavioral supports ❖ Better monitoring and complaint systems ❖ Better quality support planning ❖ Services focused on developing community supports & relationships

Additional feedback

The project team wanted to give stakeholders a chance to check that we understood what they had asked for in the past and an opportunity to build on that feedback if they felt it was needed. This additional feedback was gathered from June through August 2019 in several ways:

- An electronic survey
- A meeting guide for groups who wanted to discuss this topic at their existing in-person meetings
- An in-person survey at the July 2019 self-advocacy picnic

With the electronic survey, we asked respondents to look over the summary of past stakeholder input (see table above) and provide any additional information they felt would help guide waiver redesign. The survey, hosted on a platform managed by project partners at Indiana University, was made available in both English and Spanish. We sent out links to the survey through several channels– the DDRS listserv, the INARF listserv, emails from Self-Advocates of Indiana, various family advocacy networks, social media, and others. Over 700 people completed the survey. Here is what we learned:

- Most people who took the survey said the summary of stakeholder input reflected their experience of the system.
- Many people said that more and better transportation, having staff that stay longer and are better trained, better quality monitoring, and increases to rates providers are paid are most important.

- Several people had specific concerns about the wages of DSPs, identifying that they wanted more of the money paid to provider organizations to go to the people providing the day-to-day care.
- People want a more approachable and navigable system with clear instructions about how to apply for and use waivers.
- People felt that more supports were needed around employment, both in building interest in working and in keeping a job in the community long-term.
- People saw a need for earlier supports around crisis intervention because sometimes supports aren't available when they are first needed, and this creates a bigger issue down the road.

The project team also provided the survey to self-advocacy and other stakeholder groups and asked them to collect feedback from their members. The team gave these groups instructions on how they could lead a conversation on this topic and share the feedback they received directly with the project team. People who attended the self-advocacy picnic in July had an opportunity to respond to this survey in-person through one-on-one conversations with staff from the Indiana Institute on Disability and Community (IIDC).

The information shared by stakeholders, both in the past and as part of the waiver redesign project, helped the project team to prioritize their research efforts into possible waiver changes. For example, after hearing from stakeholders, the team looked deeper into possible employment services that could be added to waivers to complement the existing employment services.

Stakeholder input also impacted the structural changes that were considered. For instance, many stakeholders said that people needed more help to understand the waivers and services, there needed to be better coordination across medical, waiver, and community supports, and there was a need for better-quality support planning. The project team saw that making changes to case management was one way to meet these needs, and as a result recommended that DDRS work with case management providers on improving that service.

In some areas, the feedback that stakeholders gave was beyond the changes the waivers could offer. However, we still shared this feedback with DDRS so they could see how it might apply to other initiatives they are working on. We also shared feedback on DSP wages and rates for waiver services with Milliman, the contractor responsible for rebasing and refreshing the rates.

3.4 Environmental Scan of Promising Practices

Approach

We drew on what we had learned about Indiana’s current waiver structure and service array and gathered information on other states’ HCBS waiver practices and services to determine alternatives that might work better to meet the goals DDRS had laid out.

The project team met together, and then with DDRS, to decide which other waiver frameworks would be best to research. We then reviewed some of our past research and completed new research to see how states had used one or more waivers to serve people with IDD.

We looked at services and practices nationally, at the state level, and at the local level that would strengthen DDRS’ current waiver services and better address the needs and desires expressed by DDRS and stakeholders, drawing on what is working well across the country.

Waiver Structure Review

The project team first reviewed waiver structures in other states. The review was meant to help understand why and how a state might use a multi-waiver solution to meet the needs of its service population. States were selected that have multiple 1915 (c) waivers to serve the IDD population and that were likely to continue having multiple 1915 (c) waivers in the future. Ultimately, eight states¹⁵ were included in the review. For each state, we created a side-by-side comparison to look at differences and similarities across the following areas:

- Who was served
- Age ranges
- Approximate numbers served
- Cost limits or caps
- Whether they had a participant-directed option
- Eligibility/reserved capacity criteria
- Services offered

We found that, along with a supports and comprehensive waiver, a third waiver often served various purposes. In one state, the third waiver was targeted to meet the needs of transition age youth. In another state, the third waiver was specifically designed as a self-directed waiver. Some other states use three waivers to meet the needs of individuals with varying levels of support ranging from low to high. For example, one state operates a supports waiver with a relatively low cap for people who have a natural support network and only require minimal assistance, a middle waiver with a

¹⁵ Connecticut, Louisiana, Maryland, Massachusetts, Missouri, Ohio, Oklahoma, and Washington were reviewed as part of this research.

higher cap for people with higher support needs, and a comprehensive waiver, with no cap, for people who require up to 24-hour support or supervision to remain healthy and safe.

The side-by-side comparison helped us identify services that were common across waivers and services that were often different. In some cases, a state offered similar services across its waivers but, because of the different cost limits, the amount of those services people used differed depending on the waiver.

This research highlighted some of the possibilities of adding a third waiver. Stakeholders had told us there was a large gap between the current two waivers in Indiana (FSW and CIH) and that some people weren't able to access additional supports until a crisis arose. DDRS wants the new waivers to be able to respond to changes in individual need, including allowing for differing amounts and types of paid supports as needed. Based on the other examples we reviewed, a third waiver may be a way of closing the gap and offering the responsiveness DDRS desires.

It is important to note that all states have very different service systems and while this review gave us a glimpse into what is being done in eight states operating multiple HCBS waivers for individuals with IDD none of these frameworks, no matter how successful, could simply be picked up and applied in Indiana. All information gathered as part of this research must be viewed through the lens of each state's unique set of circumstances and history.

Innovative Services and Promising Practices

Our first step in investigating innovative services and promising practices was to look at the stakeholder feedback for specific service additions that were being requested or specific service holes identified. Next, we compared this to the current array of services in Indiana to confirm where new or different services were needed. We then took a multi-level approach—looking first at services and practices emerging nationally, then reviewing examples through other state's HCBS services, and finally looking to small-scale or local services that could potentially be scaled up from this level.

Some of the key areas we researched were employment, technology, transportation, therapy, and behavioral services. These were all service areas identified by DDRS and stakeholders as in need of new and/or improved services. For employment, we were able to work with the existing Indiana Employment Task Force, led by Shawn Fulton. Project team members Derek Nord and Teresa Grossi co-facilitated one of these meetings to gather information on the types of changes the group would like to see moving forward.

For other service areas, we considered national movements when available, such as recent news about private rideshare companies becoming Medicaid-approved

transportation providers.¹⁶ As part of this research we attended a webinar hosted by a member of Arizona’s Department of Economic Security (the branch that governs disability services in Arizona) to learn more about how they had made this shift. We also attempted to contact a county in Minnesota that was piloting a similar relationship with Lyft. Unfortunately, our research indicated that the move to private rideshare companies being Medicaid transportation providers was not yet developed enough to address the transportation needs voiced by stakeholders in Indiana.

Moving into other state’s home and community-based services, we looked into states with known innovative and informative services in each of the identified areas. We chose as many examples as were available or necessary. For instance, for technology, we focused on Ohio’s Individual Option’s waiver, which leads the field in Medicaid technology supports. We presented information and service definitions for remote and assistive technology services from this waiver to the DDRS team. This presentation launched further thinking about how Indiana might change its current Remote Supports service to better align with the project goals and principles.

We also conducted reviews of state services that were specifically noted in particular stakeholder documents, such as INARF’s “Waiver Redesign Concept Paper with Appendices.” One suggestion that INARF offered was to look into a bundled therapy service out of Colorado. We found that the service was not in use, but it led us into further research into the wide array of therapy services in Colorado. Following this line of research, the project team noted the desirability of expanding and bundling an array of therapy services in Indiana to allow individuals and families to have greater choice to meet their specific needs while still having a simplified list of services to review.

Finally, we conducted research on programmatic or local efforts and practices. This research primarily uncovered efforts around education and housing. We did also find some practices related to sex education classes for people with IDD, a family support council, and a health program that complemented practices we had found in other research, which we incorporated into service recommendations made to DDRS.

¹⁶ See <https://blog.lyft.com/posts/2019/6/26/millions-of-medicaid-patients-now-have-access-to-medical-transportation-through-lyft>

4 The Path Forward

4.1 Public Input

DDRS wants input on the options presented in this concept paper. DDRS offers these ideas and concepts in this early form as a way to keep people informed and to open up communication. Throughout this paper, we have given you key questions to think about. People and groups can use these questions to help guide their discussions and responses during this input period.

4.2 Key Dates and Timelines

You can provide your feedback on the ideas presented in this paper through in-person sessions, an electronic survey, or as part of other meetings with existing advisory groups described in more detail below in Section 4.3 – Opportunities to Stay Connected. Once this information is collected, the project team will review what was said and share that information with DDRS. This will help DDRS decide what changes they want to include in the final plan for waiver redesign. The final plan for waiver redesign will be shared in a paper called *Indiana Waiver Redesign: Final Concept*. You will also have an opportunity to give feedback on that final concept paper.

After all the feedback on the final concept paper is received and reviewed the project team will begin working on the HCBS waiver applications. HCBS waiver applications must be sent and approved by CMS before any changes can take effect. Depending on what changes DDRS wants to include these applications may be for new waivers or may ask CMS to allow changes to the existing waivers, known as amendments.

We expect to begin writing the waiver applications in the fall of 2020 and to give the public a chance to give feedback in late spring 2021. This will be an official public comment period. Following public comment these waiver applications or amendments will be submitted to CMS. CMS will then review the information Indiana provided in the waivers and may come back with questions for DDRS and the Indiana Office of Medicaid Policy and Planning (OMPP) to answer. This process may take months, but DDRS' goal is to have CMS approval for waiver redesign by early 2022.

The table below shows important dates and timelines for upcoming milestones. However, these dates and timelines could shift in response to unexpected events.

Milestone	Dates
Initial Concept Paper Released	January 2020
Public Input Period on Initial Concept Paper	January 2020 – April 2020
Concept Paper Expanded	April 2020 – June 2020
Final Concept Paper Released	June 2020
Public Input Period on Final Concept Paper	June 2020 – July 2020

4.3 Opportunities to Stay Connected

There will be several ways to stay informed about progress and to offer feedback on the waiver redesign. You can choose the way, or ways, that works best for you.

DDRS will be communicating with the public and with stakeholder groups in the following ways over the next few months:

- **Public Communication Channels:** DDRS will provide information about waiver redesign through the DDRS website, email listserv, INvision newsletter, and DDRS social media outlets (Facebook, Twitter):
 - BDDS Facebook Page: <http://www.in.gov/fssa/ddrs/2639.htm> (or search 'Indiana BDDS Facebook.')
 - Indiana Vocational Rehabilitation Facebook Page: <http://www.vrs.in.gov/>
 - Indiana Vocational Rehabilitation on Twitter: @IndianaVR

They will also announce upcoming public meetings through these channels. If you would like to get regular updates via email, you can join the [DDRS listserv](#).

- **Public Meetings:** Meetings that are open to the public, such as the DDRS Advisory Group meetings and 1102 Task Force meetings, will provide updates on waiver redesign. These meetings will also be announced in the public communication channels mentioned above.
- **Stakeholder and Advocacy Group Meetings:** There will also be meetings with key partners such as the Arc of Indiana, Indiana Governor's Council on People with Disabilities, Self-Advocates of Indiana, and Indiana Association of Rehabilitation Facilities, to name a few. DDRS can meet with groups directly or provide materials for groups that wish to meet on their own. These materials will help groups to think about the possible waiver changes so they can submit their own feedback. Partners at Indiana Institute on Disability and Community at Indiana University, in collaboration with Self-Advocates of Indiana, will host a series of six public meetings around the state to give self-advocates a chance to learn about what is proposed in the concept paper and provide feedback from their point of view. Information on the time and location of these meetings will be shared soon.

The Bureau of Developmental Disabilities Services (BDDS) also hosts quarterly meetings for families to hear program updates and information which will be a way for families to hear about the waiver redesign concepts, ideas and updates. The quarterly sessions, known as Building Bridges, are scheduled ahead in different parts of the state to encourage broad input and participation.

- **Electronic Survey.** You are also welcome to share your thoughts through our web survey. The key questions that were highlighted throughout this paper are included in the survey but answering those questions is optional. The

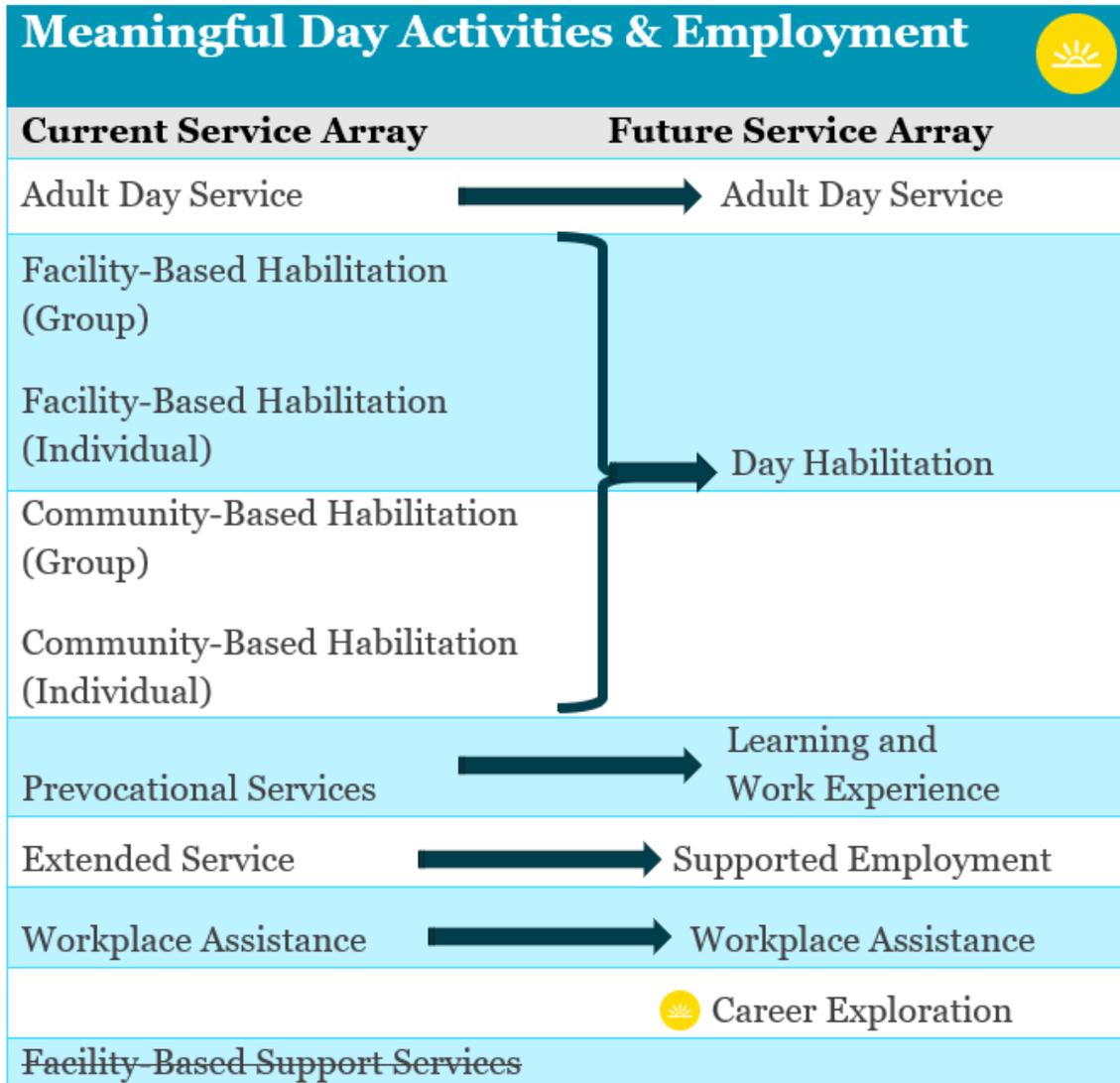
survey also includes a blank area where you can provide any feedback you would like. To access the survey please visit:

https://iu.co1.qualtrics.com/jfe/form/SV_6qXBDMKLzCxZDY9

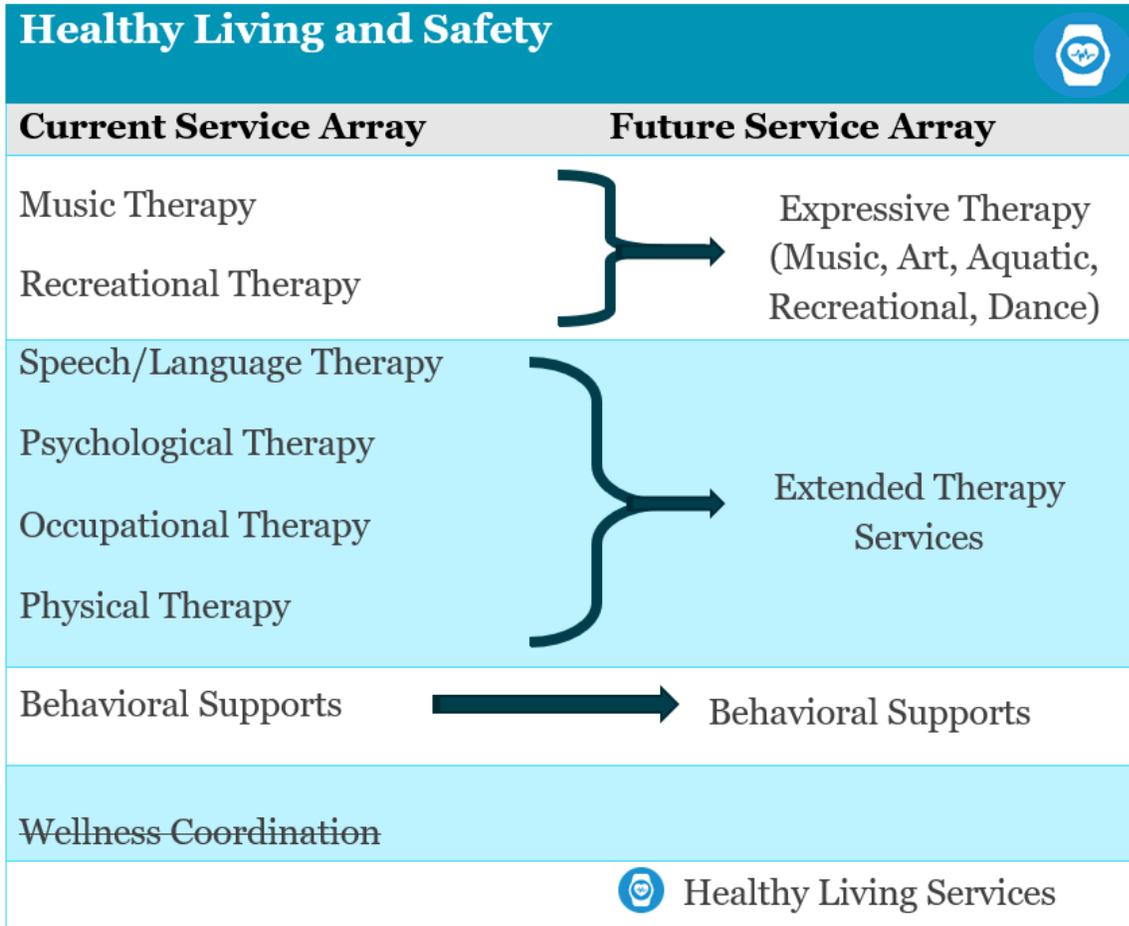
As Indiana moves to transform the system of supports for people with IDD and their families, we must work together to achieve the results we wish to see. The time is now for Indiana to build a system that can support people with disabilities to live a life like anyone else – connected with their families and communities (as they define them) and with the opportunity to contribute their unique gifts and pursue their vision of a good life.

Appendix A

Appendix A presents the current thinking regarding the potential future service array. For more information about how the project team came to develop this possible service array please see Section 2.2 Service Changes (pg. 12).



In-Home Supports		
Current Service Array		Future Service Array
Structured Family Caregiving		Shared Living
Residential Habilitation & Support (Group)		Residential Support
Residential Habilitation & Support (Daily)		
Participant Assistance and Care		Participant Assistance and Care
Electronic Monitoring		Remote Supports
Environmental Modification		Environmental Modification and Assessment
Rent & Food Assistance for Unrelated Live-In Caregiver		Rent & Food Assistance for Unrelated Live-In Caregiver
Community Transition		Community Transition
Transportation		Transportation
Intensive Behavioral Intervention		
		 Housing Support Services



Supports for Planning, Navigation, and Information



Current Service Array		Future Service Array
Respite	➔	Respite
Family and Caregiver Training	➔	Family/Caregiver Supports
Case Management	➔	Support Coordination
		Peer Support & Community Connection
		Participant-Directed Goods & Services

Integrated Options for Service Delivery



Current Service Array		Future Service Array
Specialized Medical Equipment & Supplies	➔	Specialized Medical Equipment & Supplies
Personal Emergency Response System	➔	Assistive Technology, Assessment and Training

Appendix B

Existing Context

While redesign offers a chance to go back to the drawing board, it is important to keep those things that are working well and take them to the next level. Indiana had already started to work to understand how stakeholders felt about the system before this waiver redesign project began. Actions were also already underway to improve the system of services and supports for Hoosiers with disabilities.

For example, even as the project team was looking over the current waiver structure, the current waivers were being renewed with CMS and changes were being made to better meet people's needs. DDRS is also working to refresh the Indiana administrative code section governing the program. These upcoming rule changes could help support the waiver changes we are considering.

The project team worked to track and understand the history and the evolution of the service system in Indiana. We looked at related work and initiatives taking place in other parts of the system to see how they could support the plan for waiver redesign.

B.1 Existing Waiver Structures

As previously mentioned, Indiana uses two 1915 (c) waivers – the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH). Both of these waivers are available to people with IDD regardless of age who meet eligibility requirements.

The FSW is for people with IDD living in their own home, their family's home, or in a community-based setting. People on this waiver can use up to \$17,300 each year for all their waiver services. Case management is included as a waiver service on both the FSW and CIH and is included in the individual's budget.

The CIH is for people living in any setting who have met one of the six reserved capacity¹⁷ criteria. The amount of funding they receive, or Objective Based Allocation (OBA), is determined by an Algo level that utilizes their ICAP¹⁸ score, and therefore varies by person.

¹⁷ Reserved capacity is the name for special spots on the waiver that are reserved for groups of people with particular qualifications that a state defines. One example that most states usually have is that they hold reserved capacity on their waiver for people transitioning out of institutional settings.

¹⁸ For more on the ICAP, see: <https://maximus.com/inventory-client-and-agency-planning-icap-assessment>

CMS outlines waiver components required for HCBS waivers under the 1915(c) authority. This section provides an outline of those requirements and the current program elements for the FSW and CIH, which are the same. These elements include¹⁹:

- **Waiver Administration and Operation.** This section of the waiver specifies who oversees the waiver administration. The Bureau of Developmental Disability Services (BDDS, a bureau within DDRS) is responsible for the day-to-day operations of both waivers. The Office of Medicaid Policy and Planning (OMPP) is responsible for managing the waivers.
- **Person-Centered Service Planning and Delivery.** This section lays out how the State develops, uses, and monitors the person-centered service plan. Participants on both waivers build a Person-Centered Individualized Support Plan (PCISP) each year where they define their goals, the type and amount of services they will use, and how they prefer to be supported.
- **Participant Rights.** This section specifies how the State informs participants of their Medicaid Fair Hearing rights and other ways they might submit a grievance or complaint. BDDS has several ways it notifies people of their rights. It notifies people during the intake process, through their case manager or service coordinator, and/or through a form that is provided when any action occurs (also called Notice of Action or NOA) that affects the participant's services. In addition to a formal appeals process, BDDS offers a dispute resolution process to help solve disagreements.
- **Participant Safeguards.** This section describes the safeguards the State has established to assure the health and welfare of participants. This section also details BDDS's Incident Reporting and Management Policy. The Policy defines reportable incidents as "any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to a participant or death of a participant."
- **Quality Improvement Strategy.** This section contains the Quality Improvement Strategy for the waiver. BDDS uses a single system to collect information and track the day-to-day operations of both waivers. This system gives BDDS a way to collect and address person-specific, provider-specific, and systemic trends.
- **Financial Accountability.** This section describes the methods by which the State makes payments for waiver services. It also describes the ways in which the State ensures the integrity of these payments and complies with federal requirements. DDRS requires providers to maintain procedures and practices that conform to Generally Accepted Accounting Principles (GAAP). DDRS may also, at any time, conduct audits to make sure that providers are overseeing and delivering services in the ways described in the service agreement.

¹⁹ For additional information on waiver requirements please see HCBS Application Instructions, Technical Guide, and Review Criteria, Version 3.6-- https://wms-mmdl.cms.gov/WMS/help/35/Instructions_TechnicalGuide_V3.6.pdf

- **Performance Measures.** Performance measures are used to assess compliance with the waiver requirements. The same 38 performance measures are used across the waivers.

There are also differences between the waivers. One of the biggest is the FSW includes a per person budgetary cap. Besides that, the CIH has services that aren't available under the FSW. These are Rent and Food for Unrelated Live-in Caregiver, Community Transition, Residential Habilitation and Support (Hourly and Daily), Electronic Monitoring, Environmental Modifications and Wellness Coordination. The FSW has one service –Participant Assistance and Care – that is not shared by the CIH.

There are differences that exist between the CIH and FSW today that will ideally be addressed in the upcoming waiver renewals for both waivers. Both the CIH and FSW are currently being renewed with CMS and the state has proposed a few changes. The renewal will add Electronic Monitoring and Environmental Modifications to the FSW. It will also adjust slight language differences between the waivers in existing shared services. These changes will better align these two waivers, increase access to some desired services, and simplify the service array.

Overall, the amount of similarity between these two waivers provides a good starting place for waiver redesign. Many shared elements of these waivers the project team would likely want to keep as part of new waivers. While it's important that redesigned waivers will meet differing stakeholder needs, it is also important to keep the system simple. By keeping many of the waiver structures the same, it will be simpler for DDRS to administer them – and easier for case managers, providers, families, and individuals to use them.

B.2 Recommendations from the 1102 Task Force

In 2017, House Enrolled Act 1102 was passed to create the Task Force for Assessment of Services and Supports for People with Intellectual and Developmental Disabilities. Over 12 months, the Task Force met 10 times. Nearly 200 stakeholders provided public comments to the Task Force in many areas, including the need for the system to support self-determination and choice. A total of 34 recommendations emerged from the Task Force. These were centered around four overarching goals:

1. Prioritize community settings and individualized approaches.
2. Advance and maximize community and state resources and programs to be inclusive to all Hoosiers.
3. Respond to individual and family needs.
4. Include a wide array of supports and services that are sustainable, equitable, and available across all communities.²⁰

²⁰ For the full list of recommendations, see the 1102 report at:
https://www.in.gov/fssa/files/1102_Final_Report_11.1.2018.pdf

Many of the 34 recommendations were related to waiver redesign.

At the outset of the waiver redesign project, the project team reviewed all 34 recommendations and organized them into three groups: 1) recommendations that waiver redesign can impact, 2) recommendations focused on more global system redesign which waiver redesign may in some ways impact, 3) recommendations unlikely to be impacted by waiver redesign. In conducting its work, the project team kept these recommendations in mind to ensure they were being addressed as best as possible.

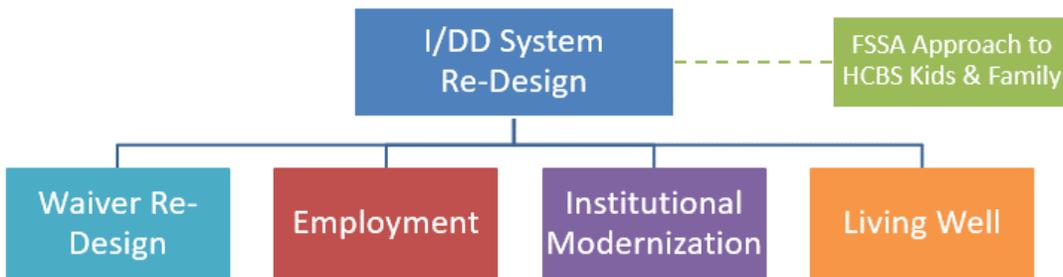
The recommendations that the project team felt could most be impacted by or addressed through a waiver redesign included the following:

Number	Task Force Recommendation
1.1	The Division of Disability and Rehabilitative Services develop a Medicaid HCBS waiver system with a full array of services and tiered supports to ensure flexibility of services and systems to meet the unique needs of all individuals served, accounting for age, family and community support systems, behavioral and mental health needs, and health factors.
1.4	The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign.
1.8	Developing, expanding, and promoting housing options, especially permanent support housing, for all people with disabilities that allows for informed choice for them to attain affordable, accessible, and integrated housing in communities they choose to live in (rural or metropolitan).
1.9	The Division of Disability and Rehabilitative Services develop and adopt a Shared Living model, as a residential service option, which resembles the most successful Shared Living programs in the United States such as Colorado and Pennsylvania. The Task Force also recommends the Shared Living program use the same algorithm level structure as other Medicaid HCBS waivers versus the current tiered structure of Indiana's current Structured Family Care Giver program.
2.5	Maximizing the incorporation of technology in the delivery of services to people with disabilities to increase individuals' access to community services, natural supports, and assist in addressing the direct support professional workforce shortage.
3.2	The creation of a services and support system that supports and promotes self-advocacy, independence, and informed choice which leads to a good life.
3.3	The design and implementation of a self-directed care model in Medicaid HCBS waivers administered by the Division of Disability and Rehabilitative Services for individuals to convert their shift model to a version that allows them to hire people they choose via a fiscal intermediary.
3.4	That adults who participate in Medicaid HCBS waiver services be allowed, through informed choice, to receive direct services and supports from one or more family members to meet their assessed needs; and that no individual family member be allowed to provide more than 40 hours of support, within a seven-day period.

Number	Task Force Recommendation
3.7	The Division of Disability and Rehabilitative Services encourage the use of emerging technology in Medicaid HCBS waiver service delivery.
3.8	Telehealth be approved as a viable and approved service delivery method for services, for example Behavior Management and Wellness Care.
3.9	The inclusion of peer specialists as a Medicaid HCBS waiver service, enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities.
4.2	The creation of an array of living settings that support people with disabilities living in a setting of their informed choice that allows them to enjoy their interests, hobbies, and preferred lifestyle.
4.3	The creation of an array of employment options that leads to a good life with independence and respect for people with intellectual and developmental disabilities and ensures informed choice.

B.3 Related Work and Initiatives

Waiver redesign is only one of many initiatives DDRS has undertaken to improve the system of supports for people with IDD in Indiana. These initiatives are at different stages, but they are interwoven with the waiver redesign. When considering the possible changes to waiver services and structures, we looked at the work being done in these other areas. Likewise, once the plan for redesigning waivers is finalized, that information will be important to the work going on in these related initiatives.



Employment

Indiana has made a commitment to be an Employment First state. This means that “competitive, integrated employment is a first and preferred outcome for people with disabilities.” The State has developed an Employment First Plan and released it for public comment. The plan spells out the vision, recommendations, and measures of performance to help the State keep track of its goals related to employment of people with disabilities. Seeing this plan through will take resources and collaboration among existing partners across both public and private sectors.

The 1102 Task Force also weighed in on areas related to employment. Their specific recommendation was two-fold: Creating an array of employment options that lead to independence and respect for people with IDD and to develop strategies to assist provider agencies to transition away from using 14c. Self-Advocates of Indiana are responsible for convening this workgroup to discuss and develop strategies around these issues. The workgroup began meeting in 2019 and continues to meet on a regular basis.

Beyond the Bureau of Developmental Disabilities Services, the Indiana Governor’s Council on People with Disabilities has funded the Work to Include Coalition²¹. The Work to Include Coalition’s goal is to design a system of employment services and supports that ensures competitive integrated employment outcomes for Hoosiers with disabilities, including individuals with significant disabilities. This Coalition includes individuals with disabilities, their families, and other advocates. During 2019, the Coalition hosted Town Halls in 11 cities and were attended by over 400 people.

Vocational Rehabilitation (VR) is a key partner in delivering employment supports to people with varying disabilities, including individuals with IDD. With funding from the Workforce Innovation and Opportunity Act (WIOA), Indiana has developed a partnership with Self-Advocates of Indiana (SAI), the statewide self-advocacy organization, to carry out the required career counseling and information and referral services for individuals with disabilities employed at sub-minimum wage. The state is also in the process of expanding pre-employment transition services to students with disabilities, including those who are considered potentially eligible for VR but may not yet be in the VR services system.

Institutional Modernization

Indiana closed its last public institution in 2007. We continue to support individuals with intellectual disabilities throughout several departments under the Family and Social Services Administration. BDDS oversees Indiana’s Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IID) – which are also known as Group Homes or Supervised Group Living Homes.

The 1102 Task Force recommended that the State create a workgroup with a “focus to modernize the system and potentially reduce the number of institutional settings for individuals with IDD.” The goals of this workgroup, the Institutional Modernization Work Group, are to:

- Assess needs of individuals in and outside system
- Determine needs of individuals in institutional settings and transition as desired
- Assist providers who choose to voluntarily convert to HCBS Settings
- Determine the number and type of settings; identify services needs of individuals in settings and how the model can improve quality outcomes; and
- Ensure all living settings are provided informed choice at every level

²¹ <http://www.inapse.org/work-to-include-overview>

A lot of this work crosses over with the waiver redesign. For example, some people currently receiving services in an ICF/IID could end up moving to waiver services if waiver services are expanded to better meet the needs of those with high medical or behavioral support needs. It is also true that some of the people currently served on an HCBS Medicaid waiver may in the future move to a group home. We need to look at this interplay when planning for the kinds of waiver services people may need and want. An improved service array may divert individuals from an institutional setting.

Living Well

The Living Well Grant is a critical initiative intended to work in tandem with waiver Redesign to result in supporting individuals with disabilities and their families to be well-informed and able to effectively pursue their good life. Indiana was awarded a Living Well Grant by the Administration for Community Living (ACL) in September 2018.

These funds are awarded to help states strengthen their HCBS systems and “promote the health, safety, independence, and participation of people with disabilities.”²² Living Well grantees are asked by ACL to work with stakeholders to do the following:

- Support professionals working directly with people with disabilities
- Promote the leadership of self-advocates and families
- Promote the use of evidence-based and promising practices such as supportive decision making, person-centered planning, and competitive integrated employment
- Address abuse and rights violations in the HCBS delivery system
- Increase the capacity of states to provide HCBS in integrated settings

For Indiana, the Living Well Grant is being utilized to develop a community monitoring approach that supports individuals with disabilities as the primary driver of their life. To support that focus, the project is working on four outcome areas:

- building a comprehensive oversight system,
- defining and implementing quality metrics,
- providing resources and education that supports individuals with disabilities and their supporters to utilize integrated supports in pursuit of their good life, and
- developing systems and trainings that support case managers and providers

To support this effort, DDRS has convened a steering committee that includes a broad array of stakeholders. The Steering Committee has utilized the LifeCourse Framework to develop consensus on the anticipated outcomes for the grant and to explore ‘lessons learned’ that could be built upon or that should be avoided. At this time, the Steering Committee is providing

²² See <https://acl.gov/news-and-events/announcements/new-living-well-grants-awarded>

significant input on developing outcomes related to Meaningful Day & Employment; Social & Spirituality; and Citizenship & Advocacy.

Over the next year, Living Well activities will be primarily focused on the first two outcomes identified above. In addition to the Steering Committee, the work will be supported by the University of Missouri Kansas City to better leverage Charting the LifeCourse in policy development and in building capacities for individuals and families. The work will also be supported through Indiana's participation in the National Association of State Directors of Developmental Disabilities Services' Culture of Quality. These activities are focused on helping to achieve an appropriate balance in our community monitoring approach that ensures health and safety in a manner that furthers, not hinders, individual autonomy and choice.

Statewide Transition Plan

On March 17, 2014, the Centers for Medicare & Medicaid Services (CMS) issued regulations that define the settings that states can pay for Medicaid Home and Community-Based Services (HCBS). These new regulations are known as the HCBS Settings Final Rule. The purpose is to ensure that people receive services in settings that support full access to the greater community. This includes opportunities to seek work in competitive community jobs, engage in community life, control personal resources, and receive services in the community in the same way as people who do not receive HCBS.

States were required to develop a Statewide Transition Plan that would ensure full compliance with the HCBS Settings Final Rule no later than March 17, 2022. The most recent version of Indiana's Statewide Transition Plan was released for public comment on July 17, 2019. After incorporating that stakeholder feedback, FSSA submitted (or will submit) the plan to CMS to be considered for final approval.

The Statewide Transition Plan planning process, which included stakeholder involvement, was key to DDRS' decision to redesign and modernize the HCBS service delivery system. When working to figure out the changes that would need to be made to fully comply with the HCBS Settings Final Rule, DDRS recognized that waiver redesign would need to encourage more integration, autonomy, and choice of non-disability specific settings for individuals. The waiver redesign would also need to propose services that would support those outcomes.

Once the Statewide Transition Plan is fully approved by CMS there will still be work to do to make sure the state is fully complying with the Final Rule. DDRS' hope is that the changes made as part of waiver redesign will help make that a reality. In the same vein, it is important that nothing that is proposed as part of waiver redesign conflicts with the Final Rule or the Statewide Transition Plan the state has proposed.

Indiana Administrative Rule Changes

DDRS has been working over the past two years in initial stakeholder engagement efforts to update Indiana Administrative Code governing the programs and supports for individuals with intellectual disabilities managed by the Bureau of Developmental Disabilities Services. This

ongoing work is specifically being completed to reflect compliance with the Home and Community Based Settings Rule, update the code with corrected language, and clean up the general organization and structure of the administrative code information. DDRS has been gathering initial stakeholder information from a ‘460 Workgroup’ comprised of family members, advocacy groups, providers, case managers, and other partners, to begin updating this critical area of waiver administration.

FSSA Future State: HCBS for Kids & Family

Many stakeholders within DDRS and across FSSA have voiced the need for FSSA to build its capacity to more holistically address the needs of all children needing Home and Community Based Services. As a result, FSSA is considering adding a waiver for children from birth to age 21 to better meet their unique needs through a separate project. This effort was initiated with the assistance of various stakeholders earlier this year with two initial meetings. Final direction on this project will be determined with stakeholder input. Any changes associated with the project are not anticipated until after DDRS Waiver Redesign is finalized.

However, once determined, we anticipate that the Children’s Waiver will be added in addition to whichever pathway is decided for DDRS Waiver Redesign. This “future state” might look as follows:

	Future Vision of Services and Supports for Youth and Adults	
Today	Current Waiver Structures	
	Family Supports Waiver	Community Integration and Habilitation Waiver
Initial Concept Paper & Waiver Redesign	Initial Concept Paper Proposed Waiver Options (Waivers include access and services for youth and adults)	
	<u>Path 1 – Updated Service Array & Supports</u> - Waiver 1 (Formerly FSW) - Waiver 2 (Formerly CIH)	<u>Path 2* – Additional Waiver, with Updated Service Array & Supports</u> - Waiver 1 - Waiver 2 - Waiver 3 *How each waiver would replace the current CIH and FSW is open to stakeholder feedback
Future State	Future State of Proposed Services and Supports for Youth and Adults	
	FSSA Children’s Waiver Initiative	
	Adult Waivers	