

Institutional Modernization Workgroup Final Plan 1102 Task Force



January 2021





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In 2018, the Task Force for Assessment of Services and Supports for People with Intellectual and Developmental Disabilities made a recommendation to the Indiana General Assembly to develop a plan to assess and improve the state's institutional settings. Recommendation 1.10 and the charter of the Institution Modernization Workgroup stated: Given the historic trend of reduced use of settings with institutional funding, Indiana review those settings (i.e., intermediate care facilities for people with intellectual and developmental disabilities, nursing facilities, and state operated facilities) with a focus to modernize the system and potentially reduce the number of institutional settings for individuals with intellectual and developmental disabilities. The review will include a group of stakeholders including self-advocates, advocacy organizations, state regulatory agencies, provider organizations and representatives of the 1102 Task Force. No later than December 31, 2020, the stakeholder group will develop a plan to:

1. Assess the needs of individuals in the system and the needs of individuals not currently in the system;
2. Determine the needs and desires of those individuals currently living in settings with institutional funding and how to transition them out of those settings if appropriate and their desire;
3. Assist providers who choose to voluntarily convert their ICF/IDDs into Home and Community-Based settings;
4. Determine the number of settings and type of settings with focus on eliminating unnecessary settings; Based on the above determination, identify the service needs of individuals served in settings with institutional funding and how the Indiana model can improve quality outcomes for those served; and,
5. Ensuring that all living settings are provided with informed choice at every level inclusive of person-centered thinking and principles including living situations, housemates, and types of services.

Membership of the Workgroup included a self-advocate, family members, advocacy groups, support providers, the state's protection and advocacy organization, University Center for Excellence on Disabilities, and state agency representatives. See Table 1 for the full list of members. The Workgroup met a total of nine times, between September 2019 to September 2020. Face-to-face meetings occurred until April 2020, they transitioned to virtual meetings due to the COVID-19 outbreak. Meetings included informational presentations to the Workgroup and time for debate and discussion.



Table 1: Workgroup Members

Name	Role	Organization
John Van Wicklin*	Assistant Director	Bureau of Developmental Disabilities Services
Kira Kimmel	Director of Facility Based Services	Bureau of Developmental Disabilities Services
Lori Fine*	Field Services Director	Bureau of Developmental Disabilities Services
Shelly Thomas	Assistant Director	Bureau of Quality Improvement Services
Cathy Robinson*	Director	Bureau of Developmental Disabilities Services
Kim Opsahl*	Associate Director	Division of Disability and Rehabilitative Services
Kylee Hope*	Director	Division of Disability and Rehabilitative Services
Derek Nord	Director	Indiana Institute on Disabilities and Community
Melody Cooper*	Self-Advocate	The Arc of Indiana
Andy Kirby*	Associate executive Director	The Arc of Indiana
Jessica Kaneft	Advocacy Specialist	The Arc of Indiana
Shannon Ellery	Advocacy Specialist	The Arc of Indiana
Steve Corya	ICF/IDD Supervisor	Indiana Department of Health
Janelyn Kulik*	Director of Survey Supports and Guidance	Indiana Department of Health
Randall Snyder	Division Director of Acute Care	Indiana Department of Health
Cody Mullen*	Family member of individual in services	Self
Angie Tyler*	Family member of individual in services	Self
Brenda Falcone*	Vice President of Residential Operations	ADEC
Nancy Anker-Wright*	Regional Director	ResCare
Lana Renick*	Area Director	Care Giver-Developmental Services Association
Dana Cook	Quality Assurance Coordinator	Care Giver-Developmental Services Association
Donna K. Elbrecht*	President and CEO	EasterSeals ARC of North East Indiana
Sabra Burnett*	Behavioral Consultant and Life Coach	Make A Difference...Everyday LLC
Tamiko Neely*	Communications Hub Coordinator	Unity of Indiana
Jessica Hamlyn*	LCSW	NADD-CC, Meridian Health Services
Steve Cook*	Former President and CEO	INARF
Sarah Chestnut	Director of Public Policy and Technical Assistance	INARF
Melissa Keyes*	Executive Director	Indiana Disability Rights
Emily Munson	Senior Attorney	Indiana Disability Rights
Elizabeth Eichorn*	Director of Reimbursement Policy and Payer Affairs	Indiana Health Care Association
Jocelyn Piechocki*	Critical Populations Director	Department of Mental Health and Addictions
Darcy Tower	Provider Relations Director	Division of Aging
Austin Hollabaugh	Assistant Director Child Welfare Services	Department of Child Services
Matthew Gooding*	Assistant Deputy Director	Department of Child Services

* Denotes chartered members. All others were sought for additional perspective.



Summary of Data

Across the state, an estimated 4,742 people identified as having an IDD, across the lifespan, reside in institutional settings. This includes 167 youth receiving residential care from the Department of Child Services and 99 people receiving services from the Department of Mental Health and Addiction. This number constitutes about 0.1% of the total population served and it is made up of predominately people with IDD under 24 years of age. Finally, a total of 3,064 people with IDD living in supervised group living and 1,412 resided in long term nursing facilities, funded through the Bureau of Developmental Disabilities. Of this population, approximately 70% are between the ages of 22 and 64 years of age.

Vision for the Future

The Institutional Modernization Work Group began their work by developing a working vision for a good Institutional Modernization plan. Starting with the 1102 Task Force Vision and Values, the work group articulated key issues that were important to address as part of a good plan, including:

- Developing options that are person-centered and aligned with the wide variety of needs and interests of those receiving services today and in the future.
- Ensuring people are supported in developing and pursuing their vision of a good life resulting in a positive quality of life.
- Assisting individuals and families in understanding all options – ICF/IDD, HCBS, Employment, Technology, and Other Community Options – and then supporting them in making an informed choice based on their interest and needs.
- Simplifying and streamlining system processes so that it is easier for individuals and families to understand and navigate.
- Ensuring greater flexibility in opportunities to participate in family and community activities and to access technology-enabled supports.
- Building a framework to support quality services delivered through an engaged workforce.

¹Presented by the Department of Child Services at the January 7, 2020 1102 Taskforce, snapshot from December 9, 2019.

²Presented by the Department of Mental Health and Addictions at the January 7, 2020 1102 Taskforce, snapshot from October 2019. Present by the Bureau of Developmental Disabilities at the January 7, 2020 1102 Taskforce, snapshot from October 12, 2019.

³The 1102 Task Force vision reads: All Hoosiers are included, recognized, and supported as equal citizens, including people with intellectual and developmental disabilities. All Hoosiers with intellectual and other developmental disabilities have opportunities to use their gifts and talents and live a good life, with choice and control.

⁴The 1102 Task Force values include: Be based on strengths and respond to individual abilities and dreams; Respond to individual and family needs; Respond to individual and cultural differences; Ensure individuals drive and control supports and resources to make informed choices about life; Provide options to ensure individual choices can be honored; Build awareness and prioritize use of typical community settings and individualized approaches to support peoples' lives.



Recommendations

The Workgroup reached consensus on 16 distinct recommendations to address the five overarching objectives laid out by the 1102 Task Force. The order of the recommendations in this section should not be interpreted as a prioritization or a need for greater urgency. The Workgroup strongly feels each recommendation is a priority and critical to ensuring every person with IDD in the state has opportunities for community living and the current institutional environment is modernized.

1. Assess the needs of individuals in the system and the needs of individuals not currently in the system.

It is the intention of the Workgroup to develop recommendations that push the state to be more responsive to people with IDD currently receiving services and supports, as well as be responsive to those outside that may require services and supports in the future. The purpose of the following recommendations is to aid in developing a strategy for more effective outreach aimed at those living in institutional settings and other stakeholders. The recommendations also seek to leverage activities and relationships to identify individuals with IDD and to understand their programmatic needs. The recommendations include:

- a. Expand the Indiana National Core Indicators program, that is currently used in the state for Home and Community-Based Services, to also survey recipients of Supervised Group Living supports.
- b. Collaborate with Indiana Disability Rights to utilize information from their existing monitoring activities to understand the need of people in institutional settings.
- c. Develop and implement a comprehensive strategy to engage in education and outreach to key stakeholder groups (e.g., nursing homes, schools, and youth placements) to learn about needs of people with IDD and provide them with accurate information regarding community-based and other residential options.
- d. Develop and implement a comprehensive strategy by leveraging Money Follow the Person to engage institutional setting providers and Bureau of Developmental Disability Services staff to more effectively educate people with IDD and more regularly share information and resources in a variety of formats about community-based and other residential options.
- e. Identify key state agencies to aid in understanding the needs of individuals with IDD and how to utilize integrated supports to facilitate community-based options. These agencies should include Family Social Services Administration, Indiana Department of Health, Department of Child Services and Indiana Department of Education.



2. Determine the needs and desires of those individuals currently living in settings with institutional funding and how to transition them out of those settings if appropriate and their desire.

Many people living in institutional settings lack the knowledge of the available resources and opportunities that could be used to live in more community-based settings. The Workgroup seeks to change this by expanding person-centered approaches to those in institutional settings, tapping new funding opportunities to transition people to community settings, and ensuring the support workforce can adapt to new demands. The recommendations include:

- a. In collaboration with IDOH plan and implement a LifeCourse module for Supervised Group Living and nursing homes to ensure individuals needs and desires are continually addressed on an individual basis; include key resources for the support planning processes like LifeCourse, Integrated Support Star, and Important To/Important For.
- b. Expand use of Money Follows the Person to include people with IDD in institutional settings to fund community-based long-term services and supports and drive systems change.
- c. Assess various service providers' capacity to determine what strategies need to be employed to ensure that supply meets demand.
- d. Expand access for individuals with IDD to various wholistic supports that address their physical and mental health needs.

3. Assist providers who choose to voluntarily convert their ICF/IDDs into HCBS settings.

Converting ICF/IDDs to HCBS settings requires substantial effort and commitment of BDDS providers. To do this effectively and systemically, the Workgroup seeks to gain a better understanding of the challenges to converting an institutional setting to an HCBS setting. It also recognizes that systems change will require training and technical assistance, as well as financial incentives to ensure long-term viability. Recommendations include:

- a. Conduct a study to understand the technical and cultural barriers and facilitators of conversion of institutional settings to HCBS settings (e.g., costs, rules and regulations, operationalization of programmatic and practice changes, and approaches used by other states).



- b. Develop conversion educational resources and checklist to aid in converting institutional settings to HCBS settings and make the conversion process more accessible, visible, and useable.
- c. Provide financial incentives to advance and support conversion from an institutional setting to a HCBS setting.
- d. Update and/or review our current funding scheme to ensure HCBS services are reimbursed at a level that provides people with IDD with the most significant level of support need enough support.
- e. Through the process of conversion, require providers to account for the wants, desires, and needs of people with IDD receiving services. While the conversion process is a provider process the decision regarding where the individual wants to live is ultimately up to the individual.

4. Ensuring that all living settings are provided with informed choice at every level, inclusive of person-centered thinking and principles including living situations, housemates, and types of services.

People with IDD have the choice of available service options and it is necessary to support this choice in a meaningful way. The Workgroup seeks to do this by increasing the use of effective informational and educational materials and approaches to empower self-advocates in institutional settings. The recommendation is:

- a. Ensure the Bureau of Quality Improvement Services Living Well grant funded by the Administration on Community Living, U.S. DHHS) includes people in all settings in its efforts in building training curricula and resource materials to support people to exercise informed choice.
- b. Utilize MFP to develop targeted strategies to effectively educate people with IDD regarding their choice and share information and resources in a variety of formats, including the use of peer-to-peer supports.
- c. Collaborate with IDR to develop strategies and activities that can assist in educating guardians about home and community-based options.
- d. Develop a plan to tap into other existing state capacities to implement educational and informational approaches across the state.

5. Determine the number of settings and type of settings with focus on eliminating unnecessary settings; Based on the above determination, identify the service needs of individuals served in settings with institutional funding and how the Indiana model can improve quality outcomes for those served.



Inadequate data currently exists across the systems that oversee institutional settings to accurately respond to the charge made by the 1102 Task Force. The Workgroup is not in the position to make recommendation to directly address this area at this time. To position the state to more effectively address this domain, the Workgroup recommends the following:

- a. Development of a plan for data coordination and collaboration across DDRS/ BDDS, Division of Mental Health and Addiction, Division of Aging, DCS, IDOE, and IDOH to identify consistent metrics to track and a data reporting schedule to ensure consistent data outputs related to institutional settings. Available metrics should address:
 - i. System processes (e.g., demand, referral pathways, and processes to assign person to institutional settings);
 - ii. Information about individuals (e.g., their desires, service needs, and choices sought);
 - iii. Service utilization (e.g., what services are purchased in these settings).

Implementing Recommendations

It is important to note that due to the Covid-19 pandemic, state resources have been shifted to respond to the current public health crisis and could affect prioritization of these recommendations. As a result, Appendix 1 reflects BDDS effort in prioritizing the workgroup's recommendations. Appendix 1 provides information about progress and prioritization of each recommendation. It also indicates how the recommendations link to existing initiatives and whether they require additional resources.

Conclusion

The direction and recommendations set forth by the Institutional Modernization Workgroup are an important step to updating services and supports for Hoosiers with IDD. Implementation of these recommendations will require leadership and commitment from across the state, including across state government, service providers, the advocacy community, and among people with IDD and their families. It is our hope that we can come together to improve opportunities so all people with IDD can lead the lives of their choosing.



Appendix 1: Progress, Priority, and Additional Context for Recommendations

Recommendation	Progress		State Priority Based on Timing, Capacity, Resources	Related To:		Additional Resources Needed
	Complete	Underway		MFP	Waiver Redesign	
1. Assess the needs of individuals in the system and the needs of individuals not currently in the system.						
a. Expand the Indiana National Core Indicators program, that is currently used in the state for Home and Community-Based Services, to also survey recipients of Supervised Group Living supports.	No	Yes	High	Yes	Yes	No
b. Collaborate with Indiana Disability Rights to utilize information from their existing monitoring activities to understand the need of people in institutional settings.	No	No	High	Yes	Yes	No
c. Develop and implement a comprehensive strategy to engage in education and outreach to key stakeholder groups (e.g., nursing homes, schools, and youth placements) to learn about needs of people with IDD and provide them with accurate information regarding community-based and other residential options.	No	No	Medium	Yes	Yes	<ul style="list-style-type: none"> • Educational materials regarding service options.
d. Develop and implement a comprehensive strategy by leveraging Money Follow the Person to engage institutional setting providers and Bureau of Developmental Disability Services staff to more effectively educate people with IDD and more regularly share information and resources in a variety of formats about community-based and other residential options.	No	No	Medium	Yes	Yes	<ul style="list-style-type: none"> • Education resources for people with IDD & providers. • Increased staff capacity.
e. Identify key state agencies to aid in understanding the needs of individuals with IDD and how to utilize integrated supports to facilitate community-based options. These agencies should include Family Social Services Administration, Indiana Department of Health, Department of Child Services, and Indiana Department of Education.	No	No	Low	No	Yes	<ul style="list-style-type: none"> • Integrated referral and data sharing system.



Appendix 1: Progress, Priority, and Additional Context for Recommendations
(continued)

Recommendation	Progress		State Priority Based on Timing, Capacity, Resources	Related To:		Additional Resources Needed
	Complete	Underway		MFP	Waiver Redesign	
2. Determine the needs and desires of those individuals currently living in settings with institutional funding and how to transition them out of those settings if appropriate and their desire.						
a. In collaboration with IDOH plan and implement a LifeCourse module for Supervised Group Living and nursing homes to ensure individuals needs and desires are continually addressed on an individual basis; include key resources for the support planning processes like LifeCourse, Integrated Support Star, and Important To/Important For.	No	No	Medium	Yes	No	<ul style="list-style-type: none"> • Collaboration with IDOH on person-centered support planning.
b. Expand use of Money Follows the Person (MFP) to include people with IDD in institutional settings to fund community-based long-term services and supports and drive systems change.	No	Yes	High	Yes	Yes	No
c. Assess various service providers' capacity to determine what strategies need to be employed to ensure that supply meets demand.	No	No	Low	Yes	Yes	No
d. Expand access for individuals with IDD to various wholistic supports that address their physical and mental health needs.	No	No	Medium	No	Yes	No



Appendix 1: Progress, Priority, and Additional Context for Recommendations
(continued)

Recommendation	Progress		State Priority Based on Timing, Capacity, Resources	Related To:		Additional Resources Needed
	Complete	Underway		MFP	Waiver Redesign	
3. Assist providers who choose to voluntarily convert their ICF/IDDs into HCBS settings.						
a. Conduct a study to understand the technical and cultural barriers and facilitators of conversion of institutional settings to HCBS settings (e.g., costs, rules and regulations, operationalization of programmatic and practice changes, and approaches used by other states).	No	No	Medium	No	No	<ul style="list-style-type: none"> Professional resources to engage service providers.
b. Develop conversion educational resources and checklist to aid in converting institutional settings to HCBS settings and make the conversion process more accessible, visible, and useable.	No	Yes	Medium	No	Yes	<ul style="list-style-type: none"> Education resources. IT resources to integrate changes into BDDS systems.
c. Provide financial incentives to advance and support conversion from an institutional setting to a HCBS setting.	No	No	Low	No	Yes	<ul style="list-style-type: none"> Rate study on cost effective financial incentives that can be used by DDRS/ BDDS.
d. Update and/or review our current funding scheme to ensure HCBS services are reimbursed at a level that provides people with IDD with the most significant level of support need enough support.	No	No	Low	No	Yes	<ul style="list-style-type: none"> Rate study to examine current funding scheme.
e. Through the process of conversion, require providers to account for the wants, desires, and needs of people with IDD receiving services. While the conversion process is a provider process the decision regarding where the individual wants to live is ultimately up to the individual.	No	No	Low	No	Yes	No



Appendix 1: Progress, Priority, and Additional Context for Recommendations
(continued)

Recommendation	Progress		State Priority Based on Timing, Capacity, Resources	Related To:		Additional Resources Needed
	Complete	Underway		MFP	Waiver Redesign	
4. Ensuring that all living settings are provided with informed choice at every level inclusive of person-centered thinking and principles including living situations, housemates, and types of services.						
a. Ensure the Bureau of Quality Improvement Services (BQIS) Living Well grant (funded by the Administration on Community Living, U.S. DHHS) includes people in all settings in its efforts in building training curricula and resource materials to support people to exercise informed choice.	No	Yes	High	No	No	No
b. Utilize MFP to develop targeted strategies to effectively educate people with IDD regarding their choice and share information and resources in a variety of formats, including the use of peer-to-peer supports.	No	Yes	High	Yes	No	No
c. Collaborate with IDR to develop strategies and activities that can assist in educating guardians about home and community-based options.	No	No	Medium	No	No	No
d. Develop a plan to tap into other existing state capacities to implement educational and informational approaches across the state.	No	Yes	Medium	Yes	Yes	<ul style="list-style-type: none"> • Education resources for people with IDD & families. • Increased staff capacity.



Appendix 1: Progress, Priority, and Additional Context for Recommendations
(continued)

Recommendation	Progress		State Priority Based on Timing, Capacity, Resources	Related To:		Additional Resources Needed
	Complete	Underway		MFP	Waiver Redesign	
<p>5. Determine the number of settings and type of settings with focus on eliminating unnecessary settings; Based on the above determination, identify the service needs of individuals served in settings with institutional funding and how the Indiana model can improve quality outcomes for those served.</p>						
<p>a. Development of a plan for data coordination and collaboration across DDRS/BDDS, Division of Mental Health and Addiction, Division of Aging, DCS, IDOE, and IDOH to identify consistent metrics to track and a data reporting schedule to ensure consistent data outputs related to institutional settings.</p> <p>Available metrics should address:</p> <ul style="list-style-type: none"> i. System processes (e.g., demand, referral pathways, and processes to assign person to institutional settings); ii. Information about individuals (e.g., their desires, service needs, and choices sought); iii. Service utilization (e.g., what services are purchased in these settings). 	No	No	Low	Yes	No	<ul style="list-style-type: none"> • Education resources for people with IDD & families. • Increased staff capacity.