

Consumer Supervised Group Living Conversion FAQ

Why is the Division of Disability and Rehabilitative Services (DDRS) making this change?

In 1999, the Supreme Court ruled in a case known as the “Olmstead Decision” that states must give individuals options in where and how they receive residential services. The Olmstead Decision followed a national trend to fund services that give the individuals more control over their services, rather than funding services in large group settings.

Recently, the federal government made special funds available to help states convert (or change) their group homes to residential programs that are paid for through Medicaid Waivers – also known as Home and Community Based Services (HCBS). Over the past several years, Indiana has followed this trend by closing all of Indiana’s state institutions for people with developmental disabilities, but at the same time, providing needed supports and services to the people with developmental disabilities by using Indiana’s Medicaid Waiver Program. Now, the availability of new federal funds provides an opportunity for Indiana to give current residents of group homes greater control over where they live and how their services are provided by transitioning (changing) funding for their residential services to the Medicaid Waiver program.

When does this change take place?

DDRS sent out an announcement to providers on January 24, 2012 letting them know that these group home conversions to waiver settings need to be made by September 30, 2015. With almost three years of advanced notice, DDRS wanted to give the providers enough time to work with individuals, families, and guardians to create thoughtful, methodical conversion plans. You can review the announcement from January 24, 2012 at:

<http://www.in.gov/fssa/ddrs/4329.htm>

What is the Medicaid Waiver program?

Medicaid Waiver programs allow Medicaid dollars to be used to create and pay for an Individualized Support Plan (ISP) based on the needs, wants, and goals of the individual. Individuals can choose which providers best meet their needs, decide where they want to receive their services, and decide who they would like to have as housemates. When the waiver program pays for services, individuals can choose who provides their residential services, day program services, behavioral supports, etc. In short, individuals and families will have greater choice and control over their services, supports and living situation.

One of the best things about this change is that the people using the Medicaid Waiver program are given the chance to create schedules that meet their own needs, wants and goals. Individuals have also been excited to learn that they have the opportunity to receive new services that may not have been available in their SGL home.

What differences will I see in services when converting from group homes to the Medicaid Waiver program?

Since the main difference is the funding source, individuals should not see any major differences in the services they receive. Families and residents may see slightly different staffing patterns due to individualized support plans; however, they will not see insufficient staffing. Individuals will have the same or more options for the types of services they choose to receive.

Do I have to move?

Individuals, guardians, families, and providers will work together to determine if moving or not moving is the best option. Most of the time, no more than four housemates share the same home when they use a Medicaid Waiver to pay for their residential supports and services. Since many individuals enjoy their current group home living situation, the state wants to give individuals the choice to stay in their same homes with their same housemates if that's what everyone wants to do. So, DDRS is supporting the passage of legislation in this session of the Indiana General Assembly that will give individuals this choice.

Why do I have to have a case manager and what do they do?

Individuals living in group homes are used to their provider playing the case management role because one provider supplies all the services to an individual. However, it does not make sense for the provider to be the case manager in the waiver setting because individuals on the waiver are able to choose their services, which, potentially, involves more than one provider.

A case manager works for an unbiased, third party company and is someone who acts as the facilitator of the team. They set up and lead team meetings. Case managers are the liaison between the team and the state, making sure that all paperwork is filed as needed and service requirements are met. They make sure everyone on the team is working towards the individual's support plan to get the best outcomes for the individual. Case managers ensure the individual's budget is being spent wisely. Overall, case managers act as the "quarterback" for the individualized support team.

Where can I find more information?

Families are encouraged to learn more at the DDRS website: <http://www.in.gov/fssa/2328.htm>. Some links that many find informational include:

- Bureau of Developmental Disabilities Services (BDDS) Homepage: <http://www.in.gov/fssa/ddrs/2639.htm>
- DDRS 2012 Waiver Manual – an in depth look at Medicaid Waiver services: <http://www.in.gov/fssa/ddrs/4312.htm>
- DDRS Frequently Asked Questions: <http://www.in.gov/fssa/ddrs/4245.htm>
- BDDS Acronym List (may not be all inclusive): <http://www.in.gov/fssa/ddrs/2648.htm>
- DDRS SGL Conversion Announcement to Providers from January 24, 2013: <http://www.in.gov/fssa/ddrs/4329.htm>
- Call 800-545-7763 and choose the option for the correct Bureau. Please let the person answering the phone know your question and they will direct you to the correct place.

DDRS will be continuing the Powerful Parent meetings around the State, and SGL conversions will be one of the topics discussed. The first meeting for 2013 was held on March 13, 2013 in Fort Wayne. Specific details about these meetings will be posted online at http://www.in.gov/fssa/ddrs/3355.htm#Powerful_Parents. As always, please contact your local BDDS District Office for specific questions: <http://www.in.gov/fssa/ddrs/4088.htm>.

How does the State know that individuals living in group homes want this change?

Right now, over 1,000 of Indiana's 3,500 group home residents are waiting for Medicaid Waiver services. This change will allow those individuals to finally receive the Medicaid Waiver services they have long wanted.

What are individuals that have converted experiencing?

One provider who went through this process has shared that they found that the primary benefit has been to give the individuals they serve the ability to create schedules around their own needs and goals – rather than around what the provider wants or needs them to do. Individuals have been excited to learn they have the opportunity to receive new services, such as music therapy, that they have not had the opportunity to receive in a group home setting.

Which group homes are not converting?

The group homes licensures that are not converting before September 30, 2015 are Extensive Support Needs Residents (ESN), Small Extensive Medical Needs (Med Fragile), and both children's licensures: Child Rearing Residence and Small Behavior Management Residence for Children.

The decision to keep the ESN and med fragile licensures is that they are, currently, the best place to serve individuals with the most extreme behavior or medical needs. The children's licensures are meant to be a transitional, away-from -the-family residence that provides a consistent and structured environment for children to receive services.