BDDS Waiver Re-Design

Intellectual & Developmental Disabilities Task Force
September 24, 2019
New Federal Laws (Workforce Innovation and Opportunity Act) and Regulations (HCBS Settings Requirements) shift expectations
Adopted the Life Course Framework & Joined the Supporting Families Community of Practice

Partnered with The Arc of Indiana to host 15 Family Forums around the state
Redesigned and Improved Individual Support Planning; Increased Flexibility for Individuals and Families

Built Capacity and Focused on Supporting Self-Advocates and Families

2017
1102 Taskforce Elevated and Focused Efforts by
  • Clarifying a Shared Vision
  • Articulating Shared Values
  • Establishing Shared Priorities
Focused on Implementation Through:

- Developing / Releasing RFP
- Kicking-Off the Project
• Share Greater Insight into Charting the LifeCourse
• Understand the Waiver Redesign Goals and Timelines
Charting the LifeCourse

Michelle ‘Sheli’ Reynolds, SIB, PhD
Co-Director National CoP on Supports to Families
UMKC, Institute for Human Development, UCEDD
Joining Forces for a New Vision

1950s Mom----------Parent-----Family Movement
1970s Self-Advocacy and Independent Living Movements (Nothing about me, without me!)
2000s Siblings Movement

1960s Medicaid and Medicare Established
1980s Medicaid Waiver (Community Supports)
2010s Affordable Care Act

1970s Rehab Act: 504 Plans
1975s Education for All Children
1990s IDEA and ADA

2000’s Community and Society
The significant problems we face cannot be solved at the same level of thinking we were at when we created them.

Albert Einstein
Charting the LifeCourse
Guiding Principles for Driving Transformational Change
Core Belief: All people and their families have the right to live, love, work, play and pursue their life aspirations.
Charting the LifeCourse
Golden Circles:
- Why
- How
- What
**Based on national definition of developmental disability with a prevalence rate of 1.72%**
Hoosiers with IDD

104,590 estimated People with Developmental Disabilities*

67% Not Known to Services

2% Wait list

31% State DD Services

** Based on national definition of developmental disability with a prevalence rate of 2%
Where Hoosiers with IDD Live Who Are Receiving Services

- Living in Family Home: 63%
- Living in Institutions: 14%
- Living in Adult Family Care: 0%
- Living with Housemates - Sharing Staff: 17%
- Living Alone: 6%
## Life Stages: Thinking Across Generations

<table>
<thead>
<tr>
<th>Age</th>
<th>0-5</th>
<th>6-18</th>
<th>19-64</th>
<th>65</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>423,215</td>
<td>1,340,171</td>
<td>3,564,238</td>
<td>752,861</td>
<td>6,080,485</td>
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<tr>
<td>Approx. DD (1.72%)</td>
<td>7,279</td>
<td>23,051</td>
<td>61,305</td>
<td>12,949</td>
<td>104,590</td>
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<tr>
<td>BDDS HCBS</td>
<td>1,108</td>
<td>8,165</td>
<td>17,582</td>
<td>1,011</td>
<td>27,866</td>
</tr>
</tbody>
</table>

33% of people served are under age 18
Person within the Context of Family

Person within the context of their family and community

Traditional Long Term Services and Supports

Integrated Services and Supports within context of person, family and community

www.lifecoursetools.org
Supporting the Needs of the Person and their Family

Discovery & Navigation (Info and Training)
Connecting & Networking (Talking to someone that has been there)
Goods & Services (Day to Day, Medical, Financial)

www.lifecoursetools.org
Quality of Life Domains for the Person and their Family

- **Daily Life and Employment**: (school/education, employment, volunteering, routines, life skills)
- **Community Living**: (housing, living options, home adaptations and modifications, community access, transportation)
- **Social and Spirituality**: (friends, relationships, leisure activities, personal networks, faith community)
- **Healthy Living**: (medical, behavioral, nutrition, wellness, affordable care)
- **Safety and Security**: (emergencies, well-being, legal rights and issues, guardianship options and alternatives)
- **Citizenship and Advocacy**: (valued roles, making choices, setting goals, responsibility, leadership, peer support)

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Trajectory towards Good Life

VISION
- Live Independently
- Job and Financial Stability
- Genuine Friends
- Involved with community groups and volunteer
- Healthy, active
- Make own choices and advocate for self

WHAT I DON’T WANT
- Poverty/No Money
- Uncontrolled Seizures
- Isolated/Segregated
- Institutional Setting
- Treated Differently

www.lifecoursetools.org
Trajectory Across Life Transitions

“Anticipatory Guidance for Life Experiences”

Life Stages & Life Experiences

- Getting New Diagnosis
- Parents Turn 65
- Medicare & SSDI
- Leaving Early Childhood/enter school
- Transition planning
- Turning 18. Leaving school at 18 or 21
- Living Adult Life
- My parents have passed away, what do I do?

Summer jobs, babysitting

Chores and allowance
Learning to say “no”

Making Mistakes
Playing sports or an instrument

Birthday parties with friends
Scouts, 4H, faith groups

www.lifecoursetools.org
Integrate Supports

STAR

• Apps
• Remote monitoring
• Adaptive equipment

Technology

Personal Strengths & Assets

• Resources
• Skills & Abilities

Relationships

• Family
• Friends
• Community

Community Based

• Schools
• Faith Communities
• Businesses

Eligibility Specific

• Medicaid
• Voc Rehab
• Section 8

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Friends, family, enough money, job I like, home, faith, vacations, health, choice, freedom

Poverty, loneliness, segregation, restrictions, lack of choice, boredom, institutions

www.lifecoursetools.org
Relying ONLY on Family & Friends

Friends, family, enough money, job I like, home, faith, vacations, health, choice, freedom

Poverty, loneliness, segregation, restrictions, lack of choice, boredom, institutions

www.lifecoursetools.org
Mikayla

**Technology**
- iPad
- FaceTime
- Portal
- Computer
- Video monitor
- Apps with learning games
- Pharmacy Apps

**Personal Strengths & Assets**
- Good problem solving skills
- Independent
- Motivated
- Creative
- Determined
- Affectionate

**Relationship Based**
- Fiesty
- Playful
- Imaginative
- Adventurous
- Parents
- Grandparents
- Aunts/Uncles
- Cousins
- Framily (Ashley, Eric, Paxton, & Maggie)
- Joe's Show family
- School Friends - Natalie, Isabella, & Dan'yaee

**Community Based**
- Adaptive Swim
- School basketball team
- Girl Scouts

**Eligibility Specific**
- Family Support Waiver
- Special Education
- Medicaid
- Private therapy (PT, OT, ST)
Partnering with People with Disabilities and their Families for Change at Every Level

Person with Disability and their Families Engage, Lead, and Drive Policy, Practice and Community Change

www.lifecoursetools.org
Comprehensive, Integrated & Coordinated Across Life Domains & Stages

Pediatrician, Families and Friends, Faith based

IDEA Part C, Parents as Teachers, Health, Headstart

School, Special Education, Health, Recreation

Vocational Rehab, Health, Employment, College, Military

Disability Services, Health, Housing, College, Careers

Retirement, Aging System, Health

www.lifecoursetools.org
Waiver Re-Design: Approach & Planning

John Agosta, PhD
Executive Vice President
Human Services Research Institute
Our Charge

This work calls for us to:

• Complete activities associated with the creation of new Medicaid HCBS waivers for DDRS/BDDS to support individuals with developmental or intellectual disabilities in ways to comply with HCBS Rules but also lead to improved services and supports, encouraging fuller community integration for individuals in Indiana with ID/DD.

• Ensure the waivers are seated within a LifeCourse™ framework, are responsive to 1102 Taskforce and other key stakeholder recommendations, achieve defined project goals, and are achievable options for DDRS/BDDS to undertake.
Background on HCBS Authorities

• It is the chief financing source for developmental disability services
  – State plan services offer a variety of services (often tied to acute health services)
  – Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for children
  – Intermediate Care Facilities (ICF) >> ICFs-IID
  – Home and Community Based Service Waivers (HCBS)

• Medicaid brings in federal reimbursement for a portion of the state’s costs for direct services. The minimum reimbursement rate is 50% and the maximum is 83%. Indiana’s rate is: 65.84%

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized under Section 1915 of the Social Security Act. States can waive certain Medicaid program requirements, allowing the state to provide community services.

- Section 1915(b) waivers allow states to develop Medicaid managed care plans and otherwise manage community service systems.
- Section 1915(c) waivers allow states to offer Home and Community-Based Services (HCBS) outside of institutional settings - at home or in community settings.
- Section 1915(i) allows for a state plan amendment to target the HCBS benefit to one or more specific populations.
- Section 1915(k) allows for a state plan state plan option (Community First Choice) to provide home and community based attendant services and supports.
- Section 1115 waivers allow for research and demonstration projects.

Components of an HCBS Waiver

- A state must complete an application that describes what is planned and then CMS must approve.

- The application is divided into several appendices:
  
  Appendix A: Waiver Administration and Operation
  Appendix B: Participant Access and Eligibility
  Appendix C: Participant Services
  Appendix D: Participant-Centered Planning and Service Delivery
  Appendix E: Participant Direction of Services
  Appendix F: Participant Rights
  Appendix G: Participant Safeguards
  Appendix H: Systems Improvement
  Appendix I: Financial Accountability
  Appendix J: Cost Neutrality Demonstration
Underpinnings to Our Approach

Charting the LifeCourse Principles
- All people have the right to live, work, play, and love in their community

Policy Intentions
- Promote person-centered thinking and practice, comply with setting rule, & promote efficiency

Collaborative Thought and Action
- Collaboration with state staff throughout, but also with CMS, service recipients, their families, and providers

Find balance between our best intentions to advance self-direction and community integration with the discipline needed to field an efficient, equitable, and effective system
Collaborative Thought Informs Process

- DDRS Goals
- Stakeholder Input
- 1102 Task Force Recommendations
- LifeCourse Principles
- Waiver Redesign
DDRS Goals for Waiver Redesign

- Increase Person-Centered Planning
- Improve Coordination of Care
- Increase Community Engagement
- Enhance Member Experience
- Maintain Qualified Providers
- Comply with HCBS Rule
- Promote Efficiency
• More choice and control over services and self-directed options
• Improved quality monitoring
• Better coordination across different kinds of supports
• More technology services and supports
• Improve case management experience
• Improve and provide more transportation options
• Increased and improved employment supports
• Increased services before crises occur
• Keep services simple for users
The 1102 Task Force provided its final report to the General assembly in October 2018.

34 recommendations tied to four overarching goals were offered regarding what must be done to improve the state’s service response to people with ID/DD.

- Goal 1: Prioritize community settings and individualized approaches. (10 recommendations)
- Goal 2: Advance and maximize community and state resources and programs to be inclusive to Hoosiers. (6 recommendations)
- Goal 3: Respond to individual and family needs. (10 recommendations)
- Goal 4: Include a wide array of supports and services that are sustainable, equitable, and available across all communities. (8 recommendations)
How This Input is Reflected

- **Ongoing Collaboration and Input Opportunities**
  - 1102: 1.4

- **Changes to the Service Menu**
  - 1102: 1.1, 1.8, 1.9, 2.5, 3.7, 3.9, 4.2, 4.3

- **Changes to How Waivers are Designed and Structured**
  - 1102: 3.3, 3.4, 3.8

- **Changes to Provider Qualifications & Outcome Measures**
  - 1102: 3.2
Project Progress To Date
Project Progress To Date

• Held project kickoff meeting to set intentions and refine project goals
• Researched and analyzed current Indiana programs by structure, service, and associated policies - as well as external state factors
• Researched other state, local, and programmatic efforts that exemplify promising or best practice to inform Indiana’s redesign effort
• Reviewed the 1102 Task Force recommendations
• Reviewed historical and current stakeholder feedback
• Considered options, discussed options, deliberated on options. Repeat.

We seek to maximize existing strengths, address shortcomings and challenges, and take advantage of opportunities.
Next Steps

• Currently reviewing and contemplating a various options for structural redesign and possible changes to the service array
• Options offer differing solutions to address the needs as outlined by the 1102 Taskforce, stakeholders, and DDRS themselves
• A path forward will be finalized accounting for input from stakeholders, weighed against available resources, and feasibility of implementation
• The selected path will be presented and shared widely via a draft concept paper in late November 2019
• Stakeholders will have considerable opportunity to provide feedback and suggest adjustments in the months that follow
Thank You!