



Member Forum

January 27, 2023

Welcome

– *Debbie Bennett, President & CEO, Hillcroft Services, Inc.*

Today's Agenda

- **HCBS Settings Rule: CMS Site Visit Outcomes**
 - *John VanWicklin, Chief of Staff, BDDS*
 - *Heather Dane, Chief Program Officer, BDDS*
- **HCBS Settings Rule Implementation**
 - *Donna Elbrecht, President & CEO, Easterseals Arc of Northeast Indiana*
- **Association Update**
 - *Nanette Hagedorn, INARF*
- **Industry Update**
 - *John Barth, Katy Stafford-Cunningham, Brian Carnes, and Courtney Scott, INARF*

Professional Interest Section Meetings / Professional Development:

- February 9 - Professional Interest Section Meeting: Financial Management / Human Resources
- February 17 - Professional Interest Section Meeting: Child & Family Services

Upcoming Member Forum and Board of Directors Meetings:

- February 24 - Member Forum and Board of Directors Meeting
- March 24 - Member Forum, Annual Meeting of the Members and Board of Directors Meeting



Registration opens 3 weeks in advance. To register for open events, scan the QR code or go to <https://web.inarf.org/events>

INARF team members recently visited:

- LEL Home Services, LLC
- Janus Developmental Services, Inc.
- Meridian Health Services



(L to R): John Barth, Carmela Toler, Cindy Carter and Nanette Hagedorn



(L to R): Ethan Newett, John Barth, Yolanda Kincaid and Nanette Hagedorn



(L to R): John Barth, Jessica Hamlyn and Nanette Hagedorn (Not pictured, Ethan Newett)



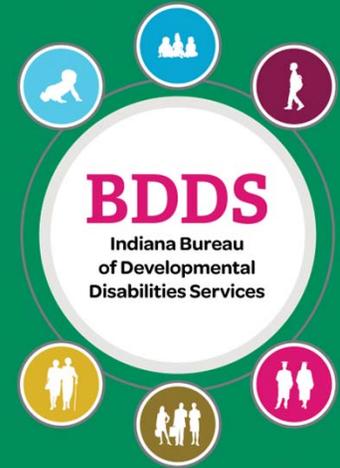
HCBS Settings Rule: CMS Site Visit Outcomes

John VanWicklin, Chief of Staff, BDDS

Heather Dane, Chief Program Officer, BDDS



Bureau of Developmental Disabilities Services



January 27, 2023



Today's Discussion

- HCBS Settings Rule
- CMS Expectations
- Corrective Action Plan
- Heightened Scrutiny Setting Visits
- Indiana Site Visits
- Next Steps





HCBS Settings Rule

- End of transition period is March 17, 2023
- CMS multi-faceted approach
 - ✓ States must receive approval on Statewide Transition Plan
 - ✓ States and providers must be in compliance with all settings criteria not directly impacted by PHE disruptions, including PHE-related workforce challenges
 - ✓ Time-limited corrective action plans are available to states to authorize additional time to achieve full compliance with settings criteria that are directly impacted by PHE disruptions



CMS Expectations

Final approval of STP

Full compliance with the following regulatory criteria NOT impacted by the PHE:

- Privacy, dignity, respect, and freedom from coercion and restraint; and
- Control of personal resources

POCOs are fully compliant with the following regulatory criteria NOT impacted by the PHE:

- Lease\legally enforceable agreement providing similar protections
- Privacy in unit, including lockable doors, and freedom to furnish or decorate unit
- Access to food at any time
- Access to visitors at any time
- Physical accessibility
- PCISP documentation of modifications





CMS Expectations

- States and providers must implement remaining criteria to fullest extent possible and develop a plan and timeline for full implementation as part or separate from STP.
- States and providers must support individuals to fully integrate into the community as desired and facilitate individual autonomy and community participation.



Corrective Action Plan

- States may request to ensure full compliance with regulatory criteria including:
 - Access to broader community
 - Opportunities for employment
 - Option for private unit and/or choice of roommate
 - Choice of non-disability specific settings





CMS HCBS Heightened Scrutiny Visit

- Qualities of an institution
 - Setting located in a building that is publicly or privately operated facility that provides inpatient institutional treatment
 - Setting in a building or on the grounds of or immediately adjacent to a public institution
 - Any other setting that has the effect of isolating individuals receiving HCBS from the broader community of those not receiving HCBS.
- Pre-Visit Activities
 - Documentation Review
 - Discussions with Key Partners



Site Visits

- Toured setting\unit
- Reviewed documentation
 - PCISP
 - Staff training related to settings rule
- Met with
 - Individuals
 - Provider Director
 - DSPs

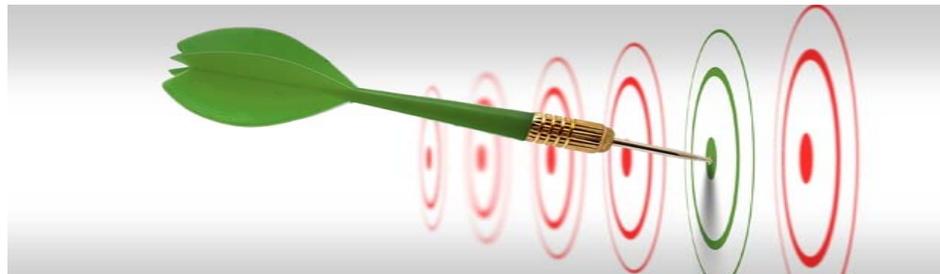


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Site Visits

- Noble, Inc. & Villages of Merici
- Takeaways
 - CMS identified the PCISP as a promising practice
 - Required training on HCBS Settings Rule for new hires and annually
 - Current provider owned or controlled definition needs to be revisited



Next Steps

- Submit written response to CMS
- Evaluate assessment process
- Gather stakeholder feedback
- Apply remediation strategies



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On-Going Monitoring of Compliance

- Residential
 - HCBS Questions in Monitoring Checklist & PCISP
- Non-Residential
 - Remediation Plans
 - Provider Re-Approval
- Additional resources for providers are available at <https://www.in.gov/fssa/da/projects/home-and-community-based-services-final-rule-statewide-transition-plan/>



Questions?





Thank you!





HCBS Settings Rule Implementation

Donna Elbrecht, President & CEO,
Easterseals Arc of Northeast Indiana

Steps Toward HCBS Compliance



Easterseals Arc of Northeast Indiana has extensively reviewed and revised programs, policies, and practices to ensure that persons served receive top quality supports within home and community-based services. Some changes have been implemented agency-wide, while others apply to residential services or day services.

Agency-wide Transformation

- ▶ Incorporated person-centered planning during intake, focusing on what the participant wants to accomplish in their life instead of the service they are seeking
- ▶ LifeCourse's Integrated Star is completed with all new intakes and reviewed and/or revised at least annually for all participants
- ▶ Agency-wide transition to Employment First philosophy:
 - Community employment shall be the priority and the preferred outcome for all adults with developmental disabilities of working age, regardless of the severity of their disability.
 - Easterseals Arc of Northeast Indiana is committed to ensuring that community employment is the first option for all people who choose to work
- ▶ Ongoing agency training on person-centered planning and HCBS for stakeholders
- ▶ Stakeholder feedback and customer experience is reviewed and analyzed monthly with follow-up.
- ▶ Implemented community inclusion staff for residential and day services at all locations to ensure active engagement based on interests of persons-served
- ▶ All new and current participants who express interest in work are referred to Vocational Rehabilitation for assessment
- ▶ Participants trained to lead their own quarterly/annual meetings



Residential Services Transformation

- ▶ Leadership reviewed CMS Provider-Owned or Controlled Settings, Encompassing Lease and Landlord/Tenant Relationships guidance that was put out
- ▶ Reviewed and revised leases and documentation for all provider-owned and/or operated locations:
 - Freedom to choose DDRS/BDDS-approved provider for waiver services and supports without impacting the lease agreement/living arrangement
 - Ensured agency has a process for participants to have choice of roommates
 - Ensured agency has a process for choice to furnish their living environment
- ▶ Adopted a process to educate participants and families on rights and responsibilities of participants living in a provider-owned and/or operated location:
 - Freedom and support to control own schedules and activities
 - Freedom to have visitors of their choosing (with agreement with roommates, if applicable)
 - Ensure setting is physically accessible
 - Ensure any restrictive measures in place are reviewed and approved by HRC
- ▶ Ensured all HCBS individuals receiving residential services have independent leases
- ▶ Ensure privacy is provided in sleeping and other non-communal areas

Our purpose is to lead the way to 100% equity, inclusion, and access for people with disabilities, families and communities.



Day Services Transformation

- ▶ Continued review of demographics of day services
 - Understand who is work age and who is not
 - Segmented participants who want work/don't want work and developed programs accordingly
- ▶ Eliminated 14(c) certificate usage throughout the network
 - Worked with our 14(c) business customers on options to have participant(s) working at their locations (supported work groups)
 - Payment agreement between customer and Easterseals (no waiver billing)
- ▶ Implemented Learning Labs focusing on industries in high demand
 - Opportunities open to participants in day services as well as the community
 - Healthcare (Starting in February/March 2023)
 - CNA certification
 - Hospitality (Started in 2022)
 - Certification
 - Manufacturing (Started in 2022)
 - Certification
- ▶ Ongoing surveying of day services participants to ensure programming is meeting their needs/wants
- ▶ Restructured positions within our workshop to be focused on business development and community engagement/support which produced:
 - Supported work groups
 - Additional volunteer opportunities
 - GED classes for select individuals exploring continued education
- ▶ Continued town hall meetings (in person/virtual) with 14(c) participants, their families and case managers to educate them on the transition and new programming
- ▶ Workplace readiness assessments performed on all 14(c) participants to baseline their work readiness potential
- ▶ Expanded relationships with local hospitals, nursing homes, coffee shops and hotels to provide ongoing discovery opportunities for participants in day services
 - Prevocational billing
- ▶ Implementing virtual reality for work training and independent living skills
- ▶ Continual tracking of community inclusion
 - Number of outings offered
 - Number of hours spent in the community
- ▶ Partnered with Purdue Extension to implement cooking/gardening classes
- ▶ Onsite music and art classes
- ▶ Onsite photography classes



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HCBS Settings Rule Implementation

Questions?

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Association Update

Nanette Hagedorn, INARF

Meet Our New Team Members



Kim Wasiak: Member Services Coordinator

We are pleased to welcome Kim Wasiak, former INARF Operations Coordinator, as Member Services Coordinator. Kim's seven-and-a-half years of experience with our systems, processes, and events will be instrumental as she resumes a critical role in the coordination and execution of INARF's Professional Development events and activities. In addition to continuing as Staff Liaison for the INARF Leadership Skill-Building Workgroup, Kim will also become the Staff Liaison for the INARF Training & Professional Development Committee.



Ethan Newett, Communications and Marketing Coordinator

We are pleased to welcome Ethan Newett as Communications and Marketing Coordinator. Ethan comes from Indiana Members Credit Union where he spent time in the Information Systems department and the Purdue Exponent where he served as the Sports Editor. He will take his experience working for the Exponent and bring a creative edge to publications, articles, and social media, while promoting INARF events, activities and initiatives.

Leadership Academy Graduate Summit

- ✓ 1 ½ Day Format (Thur-Fri); in August; in Indianapolis
- ✓ Program will include mix of instructional and experiential learning
- ✓ Focus will be Strategic Thinking
 - » Strategic thinkers excel at problem-solving, decision-making, and developing realistic action plans to achieve specific goals.

Annual Satisfaction Survey

- On January 26, members at all levels within the organization received an invitation to complete the INARF 2023 Membership Satisfaction Survey
- The brief survey is focused on 5 key areas:
 1. Legislation & Advocacy
 2. Technical Assistance
 3. Support During Industry Changes and Challenges
 4. Communications & Resources
 5. Member Engagement
- We welcome your feedback as we work to improve our effectiveness as your Association
- The survey remains open through **February 9**



Industry Update

John Barth, Katy Stafford-Cunningham, Brian Carnes, and
Courtney Scott, INARF

- **INARF Legislative Priorities and Talking Points:**
 - We shared the “Talking Points for 2023 INARF Legislative Agenda” document and reviewed our rate-related priority, especially noting the importance of rate increase predictability for providers.
 - Dr. Rusyniak responded that FSSA’s vision for rate reviews, as an administrative function, is similar to our legislative priority, had no objections and said FSSA and INARF are “in alignment.”

- **Miliman Rate Review Process Status:**

- INARF inquired about the results of the Miliman Rate Study and re-stated our request for INARF to have the opportunity to review in advance of public release.
 - FSSA is currently planning to release the detail level review of the Miliman Rate Study in February (this is pushed back from the original target release in January).
 - Dr. Rusyniak indicated the release delay is due to continued work on the rates.
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- A decorative graphic at the bottom of the slide consisting of a grey curved shape above an orange curved shape, both tapering towards the right side.

- **HCBS Waiver Administration Division Transition (from Aging to DDRS)**
 - INARF requested information and insight on the planning and next steps for the transition of administration of all waivers to DDRS.
 - Kelly Mitchell reported that Cathy Robinson is leading these efforts and we should expect to see more information released soon.
 - Kelly and Cathy are planning to attend an upcoming INARF Member Forum to review the transition planning and process with our members.
 - NOTE: The February Member Forum will feature Kelly and Cathy.



Direct Service Workforce Investment Grants

- Grants offered via attestation process at the end of 2022
- Funds will be dispersed based on number of attestations received
 - Over 1,000 provider attestations submitted in December 2022
- FSSA intends to distribute \$130 million in total funding. Payments will be a flat percentage of qualifying SFY 2022 claims expenditures for each provider.
- Allowable Expenses: 95% of grant funds must be directed to the direct service workforce through financial compensation, wraparound benefits, or retention.
- Update: FSSA reports that the first disbursement will be released by 1/31, with details on the amount to precede the release on 1/24.

- EVV Full Implementation Delayed
 - January 1, 2023 go live has been delayed
 - FSSA calculated too many potential losses to providers if system were to go live
- New Plan
 - Temporary recoupment of “at least one” failed EVV payment per month
 - Randomly selected payment from each provider with a failed EVV claim
 - This process will run through “sometime mid summer.”
- No new date for full go live yet

- Effective March 31st, 2023, the continuous member eligibility will end, and members will be subject to standard Medicaid eligibility rules as of April 1st, 2023.
 - The federal spending bill uncoupled Medicaid coverage protections from the federal public health emergency.
 - This change only impacts the continuous member eligibility.
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- Received a total of 133 applications
- 48 Phase 1 grants were offered to 42 unique entities
- Phase 1 applications cover topics including: job training and employment opportunities for individuals, family and unpaid caregiver training, training and supports for paid providers, remote and digital supports, payment model redesign, new residential support models, system navigation support, and end of life supports.
- Once Phase 2 applications are approved, BDDS will share an overview of the pilot project areas of focus.

- Transition individuals working in, or contemplating subminimum wage employment, to competitive integrated employment (SWTCIE).
- Awarded a \$13.9M grant
- 5-year project, with year one planning, and model implementation and evaluation years 2-5
- **Goals**
 - 1: Build the capacity of state and local providers, case managers, family members to direct and prioritize services and supports for individuals with I/DD to CIE
 - 2: Develop a peer support mentoring network to champion CIE
 - 3: Implement a comprehensive employment services package with 80% fidelity using a fidelity tool

- [HB 1213 - Community integration and habilitation waiver](#)
- [HB 1342 – DSP Registry](#)
- [HB 1559 - Employment of individuals with a disability](#)
- [SB 81 - Community intellectual and developmental disability centers](#)
- [HB 1001 – Biennial Budget](#)



2023 General Assembly Session Update

“Of the above appropriations, the office of Medicaid policy and planning shall utilize up to \$121,400,000 in FY 2024 and up to \$161,200,000 in FY 2025 to update reimbursement rates for providers of home health, dental services, non-emergency medical transportation, division of aging waivers, division of disability and rehabilitative services waivers, and the child mental health wraparound program.”



Summary of Provider Investment Funding

Values in millions	SFY2022	Total Fiscal		State Share GF		Effective
	Base Expenditures	SFY2024	SFY2025	SFY2024	SFY2025	Date
Recommended						
Rate Matrix						
Home Health	\$ 279.1	\$ 85.6	\$ 118.3	\$ 23.1	\$ 30.2	7/1/2023
Dental	\$ 258.9	\$ 2.5	\$ 49.0	\$ 0.9	\$ 8.0	7/1/2023
NEMT	\$ 56.0	\$ 4.5	\$ 16.5	\$ 1.5	\$ 2.9	7/1/2023
DA waivers	\$ 726.6	\$ 224.7	\$ 271.1	\$ 60.6	\$ 70.7	7/1/2023
DDRS waivers	\$ 977.1	\$ 196.9	\$ 214.8	\$ 54.2	\$ 59.1	7/1/2023
DMHA waivers	\$ 13.5	\$ 1.5	\$ 1.6	\$ 0.5	\$ 0.5	7/1/2023
Rate indexing		\$ 0.0	\$ 52.2	\$ 0.0	\$ 12.1	7/1/2024
Zero out current trend		(\$ 62.2)	(\$ 75.0)	(\$ 19.4)	(\$ 22.2)	7/1/2024
Total Provider Investments	\$ 2,311.1	\$ 453.5	\$ 648.4	\$ 121.4	\$ 161.2	

- HB 1001
 - First Steps funding was increased by 30% from \$18,000,000 per year to \$25,546,118 per year
 - The 2018 First Steps Rate Study recommended an appropriation of \$40,000,000 per year to fully fund First Steps at that time
 - If the proposed increase remains in the final version of the budget, the rate study will be funded at 63% of the recommended 2018 amounts
 - Language from the 2019 and 2021 budgets which outlined a breakdown for new additional First Steps funding was removed



For more information and to contribute, scan the QR code or visit: www.INARF.org/INARF-PAC





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Melissa Walden!



INARF PAC



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Contribute to the PAC

Your contributions to the INARF PAC are a critical part of INARF's legislative advocacy efforts. They are used to support elected officials who serve as champions of the provider community. Please consider supporting the INARF PAC today.



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Thank you!

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