



# Member Forum

February 24, 2023

## Welcome

- *Donna Elbrecht, CEO, Easterseals Arc of Northeast Indiana*

## Today's Agenda

- FSSA Waiver Services Reorganization and DDRS Update
  - *Kelly Mitchell, Director, DDRS*
- Association Update
  - *Nanette Hagedorn, INARF*
- Industry Update
  - *John Barth, Katy Stafford-Cunningham, Brian Carnes, and Courtney Scott, INARF*

### Professional Interest Section Meetings / Professional Development:

- March 21-22 - Person-Centered Individual Support Facilitator Training
- April 20 - Professional Interest Section: Community Supports / Employment Supports
- May 11 - Professional Interest Section: Financial Management / Human Resources
- May 17 - Professional Interest Section: Child & Family Services

### Upcoming Member Forum and Board of Directors Meetings:

- March 24 - Annual Meeting of the Members, Member Forum & Board of Directors Meeting
- April 28 - Member Forum and Board of Directors Meeting
- May 19 - Board of Directors Meeting / No Member Forum



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



# **FSSA Waiver Services Reorganization and DDRS Update**

**Kelly Mitchell, Division Director, DDRS**



# ***DDRS Update***

## ***Systems Transformation***

Kelly Mitchell

Division Director

February 24, 2023

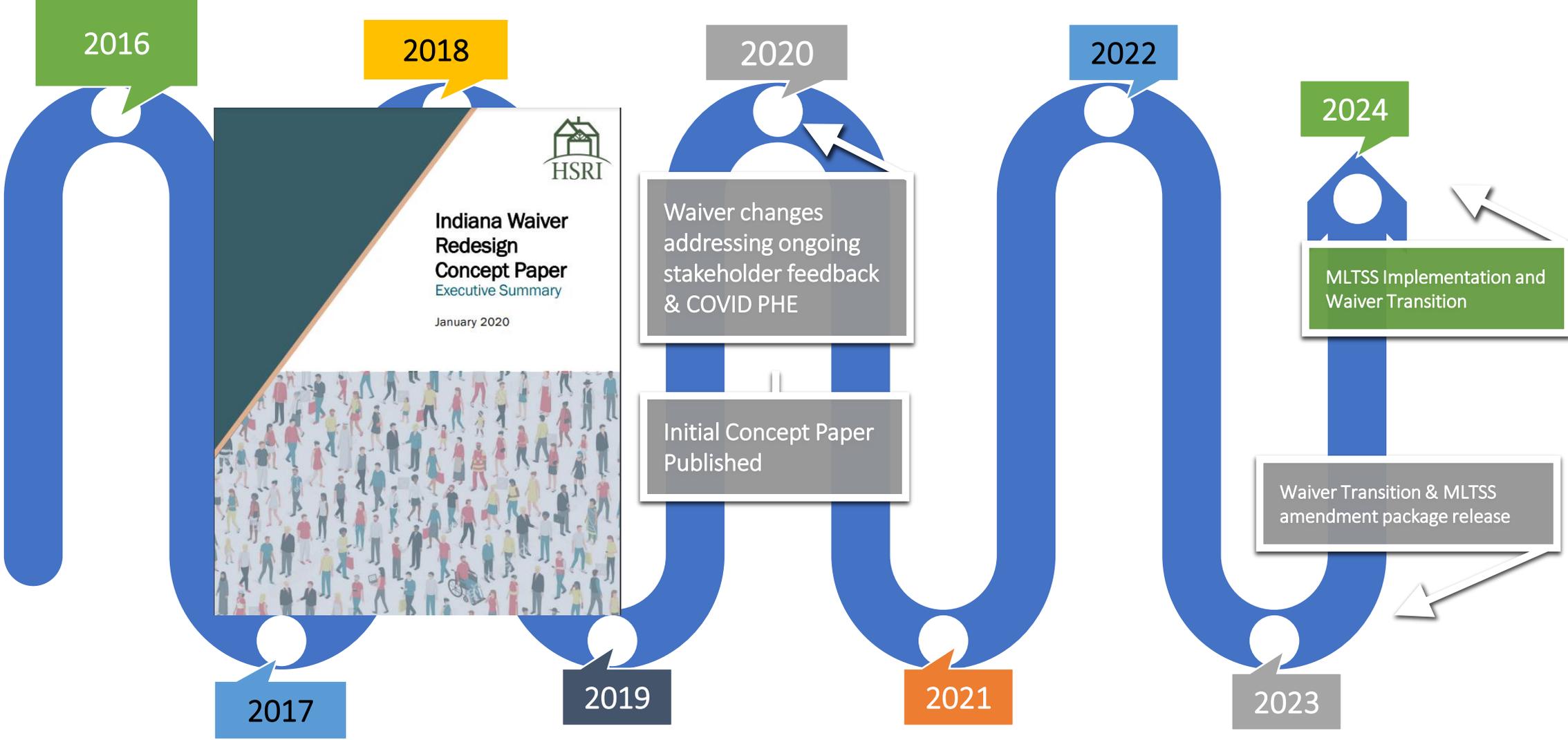


ALL people are empowered to live, love, work, learn, play and pursue their dreams.

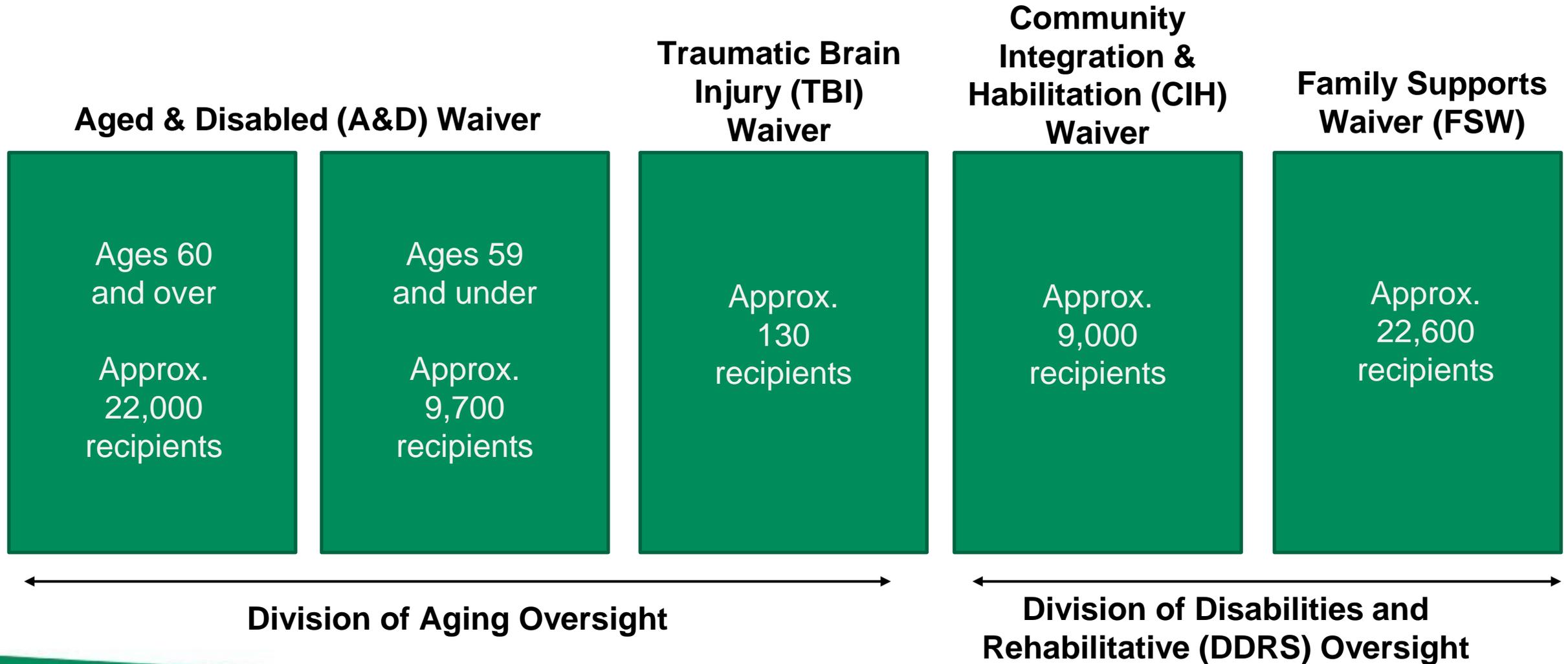




# Indiana's Path To Transformation



# Current FSSA HCBS Waivers\*



\*Excluding DMHA waivers

# Aged & Disabled & Traumatic Brain Injury HCBS Waiver Oversight Transition

## Current Aged & Disabled (A&D) Waiver >60

Transition oversight to DDRS. Focus on those with disabilities in A&D waiver, particularly those under age 60.

## New Waiver A&D 60+ (MLTSS)

Transition oversight to OMPP. As announced previously, creation of new waiver and administration for A&D waiver recipients 60+. This is our new MLTSS program.

## Traumatic Brain Injury (TBI) Waiver

Transition oversight to DDRS.

## DDRS' Current CIH & FSW Waivers

DDRS will continue existing redesign activities as previously announced in the Path Forward document this summer.

## Other Division of Aging Programs

Division of Aging will focus on operating other existing programs such as CHOICE, Older Americans Act programs, ADRC support, and Adult Protective Services

**Objective:** Foster a positive and smooth experience for HCBS waiver recipients and providers by enhancing the A&D and TBI waiver administration through the transition across FSSA divisions.

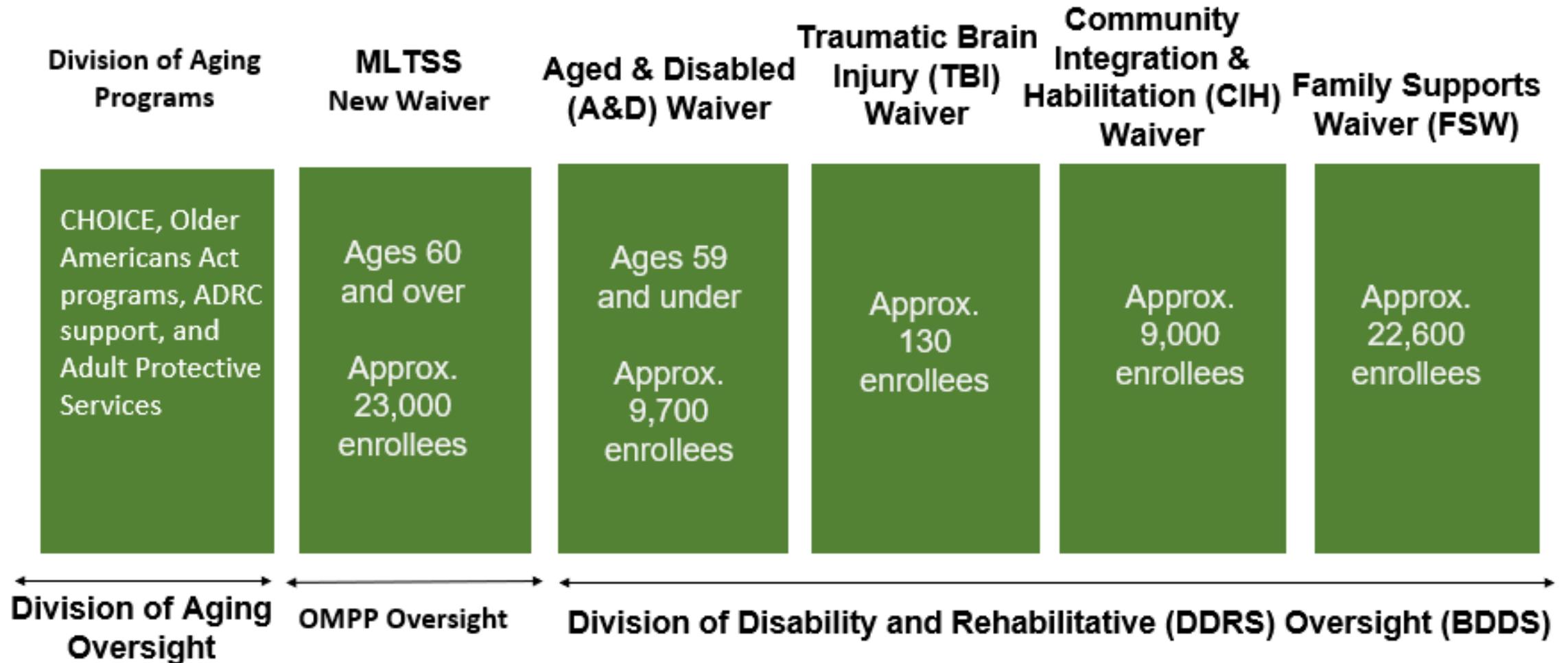
### **Assurances:**

- Engage stakeholders, leveraging some existing engagement venues
- Ensure continuity of services and preserve the maintenance of effort in place for the enhance HCBS funds
- Communicate transparently
- Reduce member and provider abrasion
- Share a timeline as more details are developed

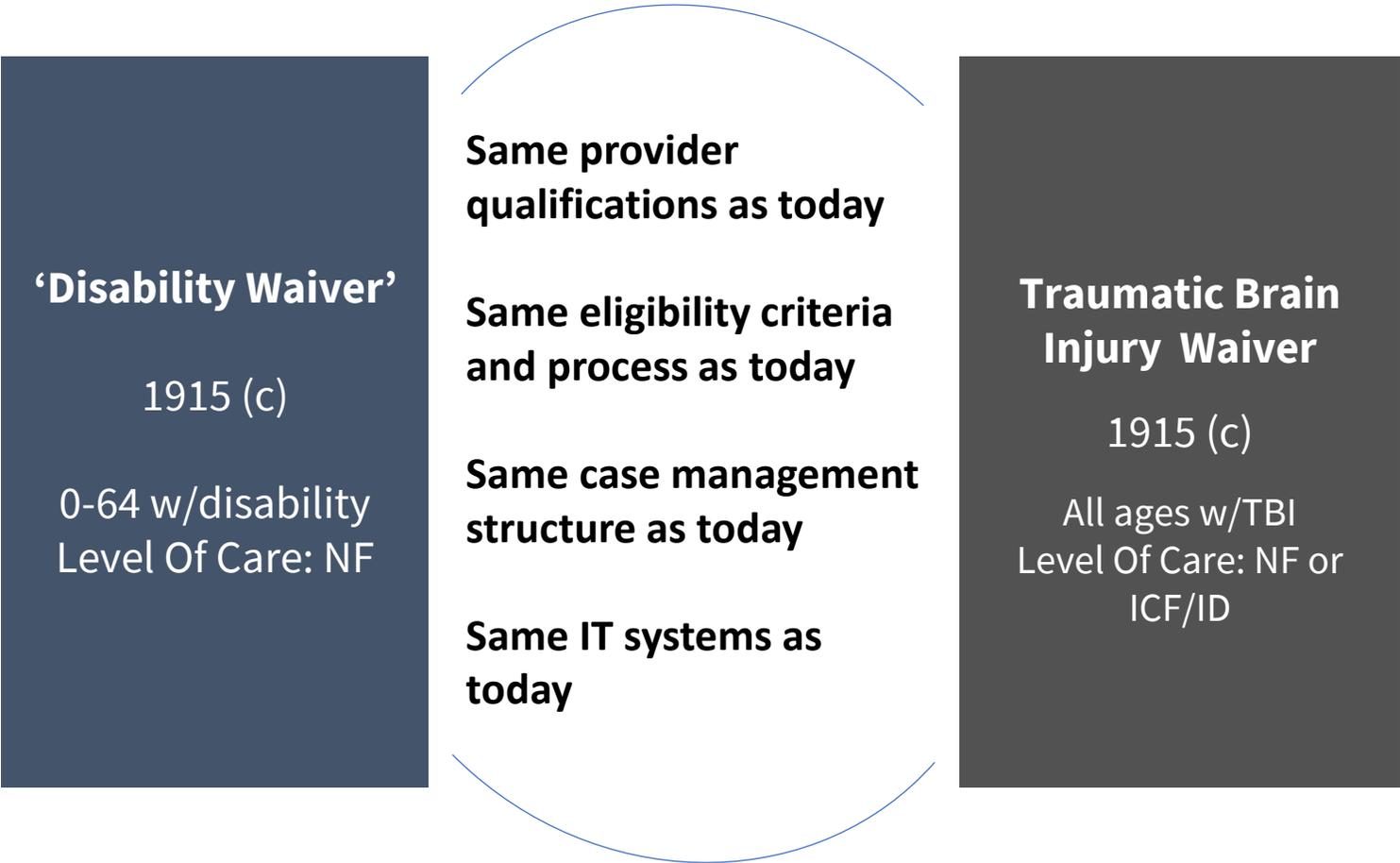


# Indiana's Path To Transformation

## Future FSSA HCBS Programs\* (Waiver Transition)



# Working Toward Alignment Across DDRS & Other FSSA Programs – 2024 Transition Step



# Working Toward Alignment Across DDRS & Other FSSA Programs – Beyond 2024

**Family Support Waiver**  
1915 (c)  
All ages w/IDD  
Level of Care: ICF/ID

**Community Integration & Hab Waiver**  
1915 (c)  
All ages w/IDD  
Level Of Care: ICF/ID

**'Disability Waiver'**  
1915 (c)  
0-64 w/disability  
Level Of Care: NF

**Traumatic Brain Injury Waiver**  
1915 (c)  
All ages w/TBI  
Level Of Care: NF or ICF/ID



**Waiver 1**  
(low support)  
1915 (c)  
All ages  
cross-disability

**Waiver 2**  
(more support)  
1915 (c)  
All ages  
cross-disability

**Waiver 3**  
(greater support)  
1915 (c)  
All ages  
cross-disability





# Action and Decision to Date

- Assigned name of Health and Wellness Waiver vs A&D to distinguish for 59 and under
- **Incidents:** DA waiver IRs have begun to be handled by Liberty. Incident reporting process consistent with previous format with priority to align quality monitoring procedures over the next 12 months.
- **Provider Enrollment:** Existing DA providers will not be asked to re-enroll.
- **Case management:** entities will continue to provide case management as they do today and will also not be required to re-enroll
- **IT Systems:** These systems are not changing at this time for go-live but will be a priority for addressing due to ongoing operational needs post-go live.



# Primary objectives for Q1 2023

## — Finalize communication plan

- Are there upcoming opportunities with stakeholders where we could present or share information about what's happening in the waiver transition work?

## - Finalizing FSSA operations plan for go-live

- Initial draft of waiver packages for sharing informally with CMS (not a formal waiver package submission – just to get their initial review and high-level feedback). Formal submission targeted for Q2 or Q3

# Waiver Transition Stakeholder Engagement Opportunities

- Virtual listening sessions will be scheduled throughout October
- BDDS Waiver Redesign and LTSS Reform for Older Adults webpages will be maintained
- DDRS' current Building Bridges quarterly meetings will continue:
- Many MLTSS Implementation (for 60+ only) conversations will continue, including:
  - MLTSS Codesign Meetings
  - Community Conversations with ADvancing States



# HCBS Settings Rule, Individual Choice, and Liability



# Home & Community-Based Services (HCBS) Settings Rule

Integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including **opportunities** to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS

Selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. Setting options are based on the individual's needs, preferences, and resources available for room and board.

Ensures an individual's rights to privacy, dignity and respect, and freedom from coercion and restraint

**Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.**

Facilitates individual choice regarding services and supports, and who provides them.

# Home & Community-Based Services (HCBS) Settings Rule

In a provider owned or controlled setting, the following additional conditions must be met:

- Unit or dwelling is a specific physical place that is owned, rented, or occupied under a legally enforceable agreement by the individual receiving services AND the individual has (at a minimum) the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated authority.
- Each individual has privacy in their sleeping or living unit
  - Entrance doors lockable by the individuals with only appropriate staff having keys to doors
  - Choice of roommates when units are shared
  - Freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Freedom and support to control their own schedules and activities and have access to food at anytime
- Able to have visitors of their choosing at any time
- Setting must be physically accessible to the individual

# Home & Community-Based Services Settings Rule

Any modification of the additional conditions related to the POCO, must be supported by a ***specific assessed need*** AND justified in the person centered service plan.



# Liability and Dignity of Risk

- Care and risk are often presented as a dichotomy and the relationship between these two concepts needs to be reframed. Duty of care does mean having systems in place to limit risks, but not at the detriment of a person's right to decision-making. Instead of how risk can be avoided, caregivers should think about how they could support someone to do what they wanted safely.
  - The **Person-Centered Service Plan** should document individual goals, identified risks, strategies for risk mitigation, support strategies for individual choice, and modifications (rights restrictions) based on assessed need .
    - For example, a care professional could recommend a customer to move to a diet of thickened fluids. If the customer declines, staff can support their decision to continue to eat solid foods by supervising them during meals and regularly checking up with them after in order to minimize risk.



- Though it may seem as though dignity of risk and duty of care are at odds with each other, that is not actually the case. By simply reframing the general approach to the two, we can begin to see things from a different perspective. **Dignity of risk is, in fact, a key component of duty of care, and the two can most certainly work together in harmony.**
- Rather than thinking of this pair of concepts in terms of one or the other, it is important to see how they can work together as one. It is crucial that **providers empower those under their care to make their own decisions.** By providing them with the tools and information they need to make decisions effectively, our customers will be better able to exercise their dignity of risk.



# System Alignment and Rate Methodology

# Guiding Reimbursement Goals



# Overall LTSS/HCBS Policy Goals



75% of new LTSS members will live and receive services in a home and community-based setting

- Key Result 5: Support the growth, retention and training of the HCBS direct service workforce
  - DSW Plan - Goal: Increase the number of direct service workers by providing support through enhanced wages and benefits through strategic investment in Medicaid reimbursement





# Association Update

Nanette Hagedorn, INARF

## Introducing: [Bi-County Services, Inc.](#)



Located in Bluffton, Bi-County Services, Inc. opened its doors in 1968 as the Association for Retarded Children (Arc) of Adams and Wells County. Its mission was to provide educational opportunities for intellectually, developmentally, and physically disabled school-age children. A few years later the organization opened a sheltered workshop for adults with intellectual, developmental, and physical disabilities. In 1974, they opened their first Residential Group Home, and in 1989, they moved to their current location in Bluffton and unveiled their new name – Bi-County Services, Inc. They currently offer the following supports in Adams and Wells Counties:

- Community and Residential Habilitation
- Facility Based Supports
- Music Therapy

- PAC
- Supervised Group Living
- Transportation

- Wellness Supports

**Save The Date!**  
**Together Toward  
Tomorrow**  
**INARF 2023 Annual Conference**  
**October 4-5**

**inarf**  
SINCE 1974

Conference Partner:  
**MERIDIAN**  
HEALTH Services



## Industry Update

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

- FSSA held a meeting with association leaders to provide an update on the results for the Milliman Rate Study for HCBS services
- FSSA is hosting an [in-person meeting](#) (with virtual option) for DDRS providers to review the proposed rates on February 27, 2023.

- INARF has the following observations:
  - All rate information is based on a proposed state budget. Final rates will be reflective of the final appropriation.
  - Estimated fiscal impact of an over 20% increase for DDRS waiver services overall.
  - Different individual service types will have different proposed increases or no proposed increase.
  - The proposed rates include an assumption of a four-year rate review, with an annual adjustment to be provided between the rate reviews.

- Over 1,000 provider attestations submitted in December 2022
- FSSA to distribute \$130 million in total funding. Payments will be a flat percentage of qualifying SFY 2022 claims expenditures for each provider.
- 827 HCBS providers received the first round of the grant award payments on January 31
- The next two payment rounds are scheduled to be disbursed on:
  - Wednesday, March 1, 2023
  - Monday, June 1, 2023

- Indiana submitted Transition plan to CMS for approval
- CMS completed an onsite visit of a few heightened scrutiny sites
- Indiana requested a Corrective Action Plan (CAP): [Indiana Proposed CAP](#)
  - Heightened scrutiny packets are still being reviewed by CMS
  - Indiana is requesting 12 months to come into compliance (March 17, 2024)
  - Reasonable notice will be given to any provider who is non-compliant
  - Individuals in non-compliant settings will be given a choice to remain in the location at their own expense or move to a compliant setting

January 1, 2023 official Go Live has been postponed

- FSSA identified that the impact to providers would be too great
- \$16M in total claims' volume that would be impacted by EVV noncompliance for January alone
- Limited monthly recoupment process will be implemented instead

### Recoupment Process

- FSSA will sample 3-5% of claims that were submitted in a given month
- January recoupment will not appear until the end of February
- Random sampling, so not all providers will be affected (approx. 1/3)
- Remittance advice will show on week that recoupment is run
- Notification letter will go out to providers approx. a week in advance
  - EOB Code Information [here](#)
- Repayment will be issued once the claim is corrected in the aggregator

## HCBS Non-Residential Compliance Notice

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- CMS completed on-site visits to a few sites undergoing the heightened scrutiny process in late 2022.
- Ongoing, for non-residential settings, the oversight process to ensure continuous compliance with HCBS requirements will be conducted through the Quality Onsite Provider Review (QOPR) as well as the provider reverification process
- In the event a provider has gone through remediation activities and continues to demonstrate non-compliance with HCBS requirements, BDDS will apply its authority under IC 12-11-1.1-11 that allows for the issuance of citations in the form of developing corrective actions up to and including provider sanctions.
- Providers are encouraged to complete a periodic self-review of the non-residential site assessment tool to identify and adjust practices to ensure continuing compliance with the HCBS requirements
- [BDDS Playlist of videos on the HCBS Settings Rule](#)

- Effective March 31<sup>st</sup>, 2023, the continuous eligibility will end, and members will be subject to standard Medicaid eligibility rules as of April 1<sup>st</sup>, 2023.
- Phase out of enhanced federal Medicaid matching funds through December 2023:
  - January 1-March 31: 6.2 percentage points
  - April 1-June 30: 5 percentage points
  - July 1-September 30: 2.5 percentage points
  - October 1-December 31: 1.5 percentage points
- [Appendix K Unwind Tracker](#)

## HB 1001 – State Biennial Budget

- First Steps' funding increased in the Governor's budget was maintained in the House Republican amendment equaling \$25,546,118 per year
  - Language from the 2019 and 2021 budgets which outlined a breakdown for new additional First Steps' funding was removed
- Vocational Rehabilitation funding increased in the Governor's budget was maintained equaling \$17,077,538 per year
- Public Mass Transit funding was maintained at previous levels - \$45,000,000 per year

## Summary of Provider Investment Funding

Values in millions	SFY2022	Total Fiscal		State Share GF		Effective
Recommended	Base Expenditures	SFY2024	SFY2025	SFY2024	SFY2025	Date
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
<b>Total Provider Investments</b>	<b>\$ 2,311.1</b>	<b>\$ 453.5</b>	<b>\$ 648.4</b>	<b>\$ 121.4</b>	<b>\$ 161.2</b>	

## HB 1001 – State Biennial Budget

- Before November 1, 2023
  - FSSA is required to develop a rate review schedule for Medicaid provider reimbursement rates
  - Submit that schedule to State Budget Committee
- OMPP has the discretion to determine the frequency of review for those rates
- Each Medicaid provider reimbursement rates must be reviewed at least once every four years
- The first rate review must be done by November 1, 2024

## HB 1342 – DSP Registry

- Applies to Waiver and ICF DSPs
- DDRS personnel and authorized providers will have access to the registry
- By January 1, 2025, all DSPs must be in the registry, and will be entered into the registry by DDRS using an application DDRS will develop for registries and renew registrations
- In addition to individual DSPs, it will include DSP-related incidents of abuse/neglect/exploitation that meet the definitions adopted by DDRS in the rulemaking process, including defining levels of substantiated events, the highest levels being the minimum level of incidents to be included in the registry
- DDRS is responsible for submitting incidents to the registry
- DSPs can appeal the inclusion of the incident in the registry through the ALJ process
- The appeal **does not** pertain to the Provider's substantiation of the incident

## HB 1342 – DSP Curriculum

- The State must consult with stakeholders on the development of a DSP Training Curriculum
- Training Curriculum must have two tiers – one being basic training requirements similar to what is required today. The second being advance training in a specialized area such as person-centered choice
- Upon completion of one or both tiers and a test of skills, DSPs will receive a certificate
- By January 1, 2024, the State must publish an RFP for a vendor to operate the DSP training program with the goal to have a vendor in place by January 1, 2025
- DDRS must use ARP funding to develop the registry

## HB 1213 – Community Integration and Habilitation Waiver

- Establishes a Special Service Review Team (SRT) to
  - Review denied emergency CIHW applications submitted between July 1, 2023 and December 31, 2024 from the First, Fourth, and Eighth Congressional Districts
  - Review the decision criteria
  - Make recommendations to the DDRS Director
  - Issue quarterly reports to the DDRS Advisory Council

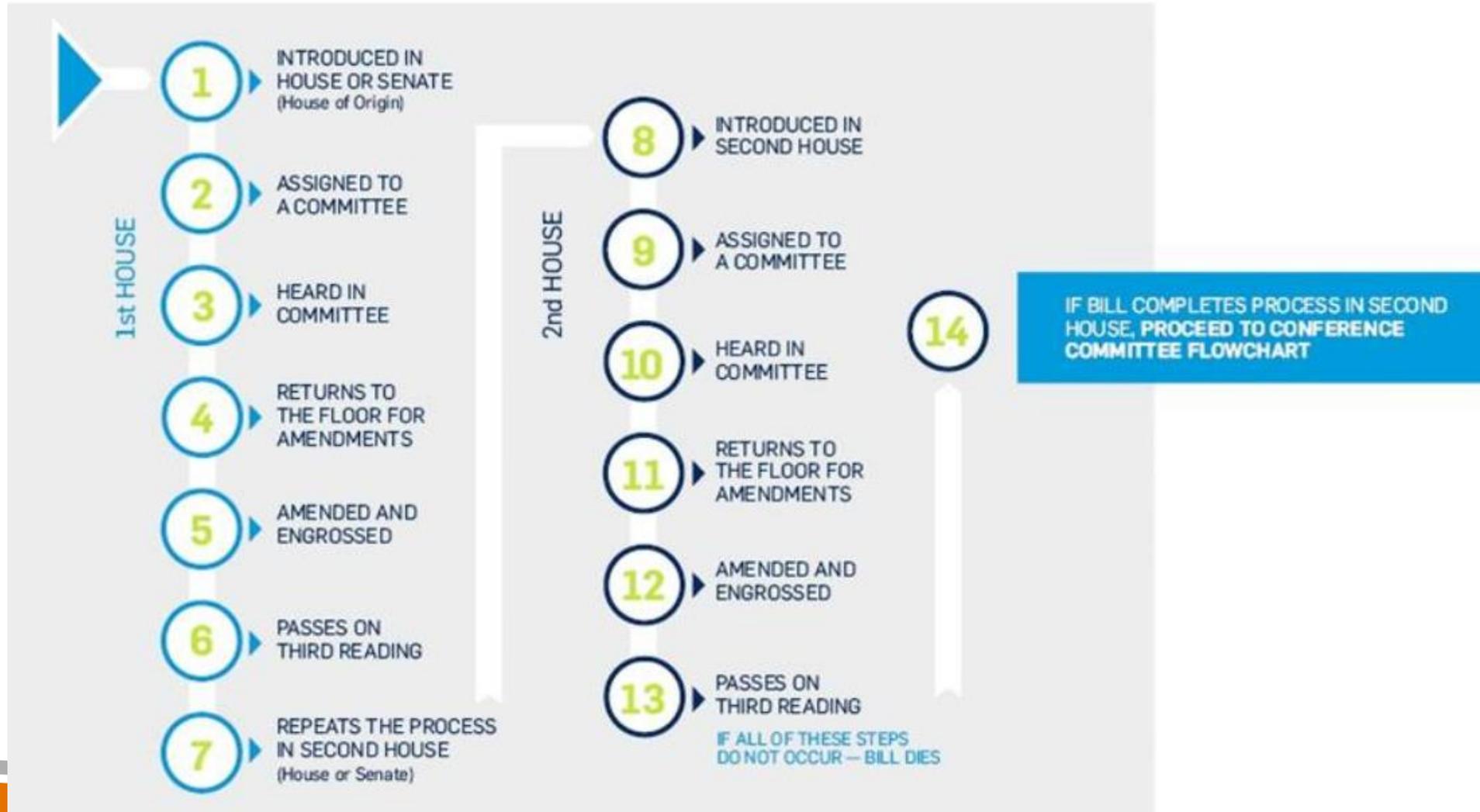
## HB 1213 – Community Integration and Habilitation Waiver

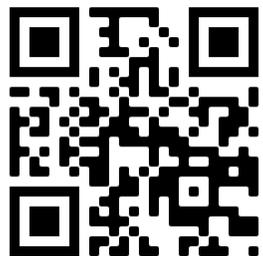
- The Review Team will be comprised of 5 people, appointed by the DDRS Director
  - Representative of The Arc of Indiana
  - A Case Manager
  - A Behavior Consultant
  - 2 appointments by the DDRS Director, only one of which can be a State employee
  - The DDRS Director will appoint a Chair for the SRT
- The Director shall provide the SRT with information regarding the application within 3 days of the denial

## HB 1213 – Community Integration and Habilitation Waiver

- Changes the emergency waiver placement criteria to include:
  - Death of a primary caregiver (currently in code)
  - Primary caregiver is at least 80 years old (currently in code)
  - **Primary caregiver has serious health concerns that would limit the primary caregiver's ability to care for the individual (new language)**
  - Evidence of abuse or neglect in current setting (currently in code)

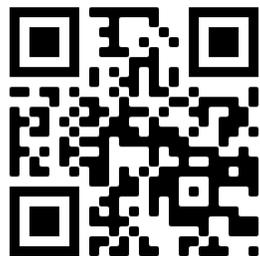
## HOW A STATE BILL BECOMES LAW





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



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



Thank you!

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