

Member Forum

April 28, 2023

Welcome

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

Today's Agenda

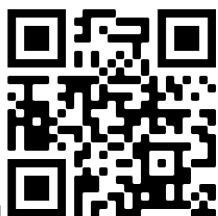
- DMHA Crisis Services and Supports Update
 - *Kara Biro, State Director of Behavioral Health Crisis Care, DMHA*
 - *Amanda Pardue, Assistant Director of Suicide Prevention & Crisis Response, DMHA*
- Association Update
 - *Nanette Hagedorn, INARF*
- Industry Update
 - *Katy Stafford-Cunningham, Brian Carnes, Courtney Scott, INARF*

Professional Interest Section Meetings / Professional Development:

- May 11 - Professional Interest Section: Financial Management / Human Resources
- May 16 - Professional Interest Section: Child & Family Services

Upcoming Member Forum and Board of Directors Meetings:

- May 26 - Board of Directors Meeting / No Member Forum
- June 23 - Member Forum and Board of Directors Meeting
- July 28 - Member Forum 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>



Association Update

Nanette Hagedorn, INARF

Introducing: THS Remote Support Services

Headquartered in Cincinnati, OH, THS Remote Support Services was one of the first providers in Ohio to successfully implement Remote Supports for individuals through the use of in-home wireless technology. This technology utilizes a sensor-based system which employs algorithmic logic to alert the THS team in real-time when assistance is needed to ensure the safety and privacy of the individual being supported through the least intrusive means possible. They currently offer **Remote Supports** in all Indiana Counties.



We encourage you to visit their website and/or contact James Finley at jfinley@thsrss.com, Executive Vice President, to extend a warm welcome and to learn more.

Introducing: Kestrel Behavioral Health, LLC

Kestrel Behavioral Health, LLC. Established in 2010, and located in Bloomington, IN, Kestrel Behavioral Health works with individuals and their families to navigate life goals. Their Person-Centered approach focuses on the needs of the individuals using decades of experience. Their fully credentialed clinicians work with families and their teams to pursue meaningful outcomes. They currently offer **Behavior Management** services in Greene, Lawrence, Monroe, Morgan, Owen, and Putnam counties.



We encourage you to visit their website and/or contact Brian Kriebel, MS LMHC, at bkriebel@kestrelbh.com, Co-Founder & Executive Director, or Jim Wiltz, PhD HSPP, at jwiltz@kestrelbh.com, Co-Founder & Clinical Psychologist, to extend a warm welcome and to learn more.

2023 Annual Conference



Key Activity Timeline:

- Open – Exhibit, Sponsor, and Artisan Opportunities
- **May 1 – Annual Awards & Scholarship – Call for Nominations**
- June 5 – Registration Opens
- October 3 – Pre-Conference: Leadership Symposium
- October 4-5 – Annual Conference

Leadership Academy – Class of 2023

- ✓ One Half of the Curriculum has been delivered
- ✓ Satisfaction is ahead of 2022
- Graduation to occur June 23 at the INARF Member Forum


Leadership Academy Graduate Summit – **COMING LATE SUMMER**

- 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.



Industry Update

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

- \$1.5B additional revenue forecasted for the next two years over the December 2022 forecast
 - \$44.5B Biennial Budget
 - \$7.6B for Medicaid
 - \$2.7B in Reserves
 - \$25.5M per year for First Steps
 - \$17M per year for Vocational Rehabilitation
- 

Values	SFY2022	State Share GF	State Share GF	State Share GF	State Share GF
		January		April	
Recommended	Base Expenditures	SFY2024*	SFY2025*	SFY2024^	SFY2025^
DDRS Waivers	\$977.1M	\$54.2M	\$59.1M	\$73.0M	\$83.1M
Rate Indexing	-	\$0.0	\$12.1M	\$0.0	\$21.2M

***Governor's Budget Rate Review Funding**

^Final version of HB 1001

State funds Required to fund Rate Study Recommendations

FY 24	\$73.0 million
FY 25	\$83.1 million
Biennium	\$156.1 million

Passed Version of House Bill 1001

FY 24	\$73.0 million
FY 25	\$83.1 million

Indexing funding was included for rates in year 2

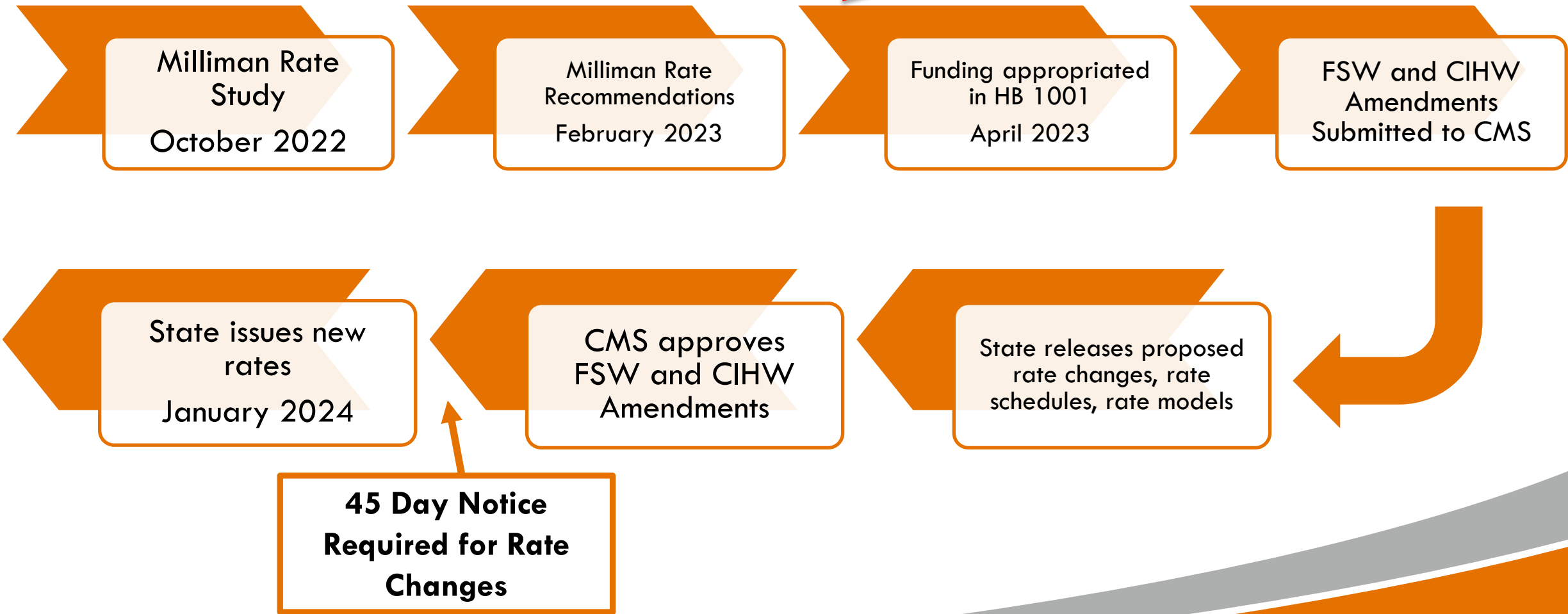
**FULLY
FUNDED**

Planning for Future Rate Updates

- Rate Review every 4 years and annual adjustments of the rates by 2% to enhance sustainability and predictability
- Likely implementation schedule:
 - 1/1/24 Rate changes from rate review
 - 7/1/24 Annual inflationary adjustment of 2%
 - 7/1/25 Annual inflationary adjustment of 2%
 - 7/1/26 Annual inflationary adjustment of 2%
 - 7/1/27 Rate changes from rate review

HB 1001 – Path to Implementation

**YOU
ARE
HERE**



- Outstanding questions on HB 1001 implementation:
 - When will the new rates go into effect?
 - How much will each individual rate be impacted?
 - When will we see the final rates?

HB 1342 – DSP Registry

- Applies to Waiver and ICF DSPs
- DDRS personnel and authorized providers will have access to the registry
- By **January 1, 2026**, 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

HB 1342 – DSP 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
- Includes language that a DDRS employee who reports an incident to the registry is not subject to civil, administrative, disciplinary, or criminal liability if done in good faith

HB 1342 – DSP Training Curriculum

- The State must issue an RFP for a vendor to operate the training program by January 1, 2024
- The State shall attempt to have the contract awarded by January 1, 2025
- The vendor must begin operating the training program by July 1, 2025

HB 1342 – 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

- Deep dive into BDDS Data on
 - Emergency CIH Waiver placements
 - BDDS Census Data
- Discussion about Provider Owned and Controlled Settings

- DDRS is not discouraging providers from providing housing
- Indiana is out in front of this issue, with most other states not appearing to have developed or issued guidance of their own for POCO.

HCBS Provider Owned Settings Definition- Draft

- A setting is provider owned and/or controlled when it is:
 - A residential setting that is owned or co-owned by a provider of HCBS and that same provider is paid to provide a variety of services bundled into a single rate at that location; or
 - A setting in which there are 5 or more units, apartments, or houses which are adjacent to each other, all of which are occupied by individuals receiving HCBS from the same HCBS provider; or
 - An individual's Representative Payee OR guardian is not a family member and works for HCBS residential services provider who is providing services to the individual

Appendix K Flexibilities- Service Specific

- Flexibilities ending on May 11, 2023
 - ICF/IDD will no longer be reimbursed for services rendered to an unlicensed facility
 - HCBS providers will no longer be able to provider services in non-HCBS settings

Appendix K Flexibilities- Service Specific

- Flexibilities ending on November 11, 2023
 - Expanded language in family paid caregiver in re-defined circumstances
 - Expanded language waiving the 40 hours per week per paid caregiver limitation on family members when existing services on the individual's PCISP have been interrupted due to circumstances related to COVID
 - Expanded language for RHS reimbursement for overnight staff/paid caregiver
 - Allows RHS reimbursement for time when staff/paid caregiver is asleep
 - Expanded language for SFC allowances
 - Modify SFC visits to require at least one face to face visit
 - Allow flexibility in day service ratios

Appendix Flexibilities- Case Manager Specific

- Flexibilities ending on November 11, 2023
 - If a 90-day BMR has been requested previously, additional BMRs may be requested for a period of up to 60 days
 - Temporarily allow BMRs to be filed within 60 calendar days of the event or status change
 - Temporarily waive the requirement for a Confirmation of Diagnosis to complete Level of Care for re-entries to waiver services
 - Allow initial and annual level of care assessments to be completed by telephone

- April 19, 2023, FSSA is requesting provider feedback using the [Provider Communications Survey](#).
- Date to submit is May 1, 2023.

EVV Temporary Recoupment Process:

- Monthly claims are used to identify a random sample of providers with at least one failed EVV verification.
- After the provider is paid, Gainwell will recoup the identified payment.
- Providers will receive notification from FSSA of this recoupment and will have time to fix the failed verification and receive their payment back.
- Providers who are not receiving notices should check with FSSA to make sure that contact information is current.

EVV Temporary Recoupment Process:

- Any additional services billed in the same time frame will be denied as well, not just the failed visits.
- INARF has gathered a group of providers together to help understand this issue and possible fixes.
- INARF has set a meeting with Michael Cook to discuss provider feedback.
- Michael Cook will discuss these issues in his presentation to FMS on May 11.

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





Thank you!

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