

DDRS Advisory Council

Wednesday, January 17, 2024

Livestream





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



Agenda Item	Time	Discussion Leader
Welcome, Introductions, Thank you!	10:00-10:20	Noah Upchurch
Video—OFL “3 Days a Week”		Jessica Harlan-York
Medicaid Forecast Update	10:20-10:50	Kelly Mitchell
BDS Update	10:50-11:30	Holly Wimsatt
Self Direction update	11:30-11:50	Heather Dane
Closing	11:50-12:00	Jessica Harlan-York





Thank you, Rick Thompson,
for your service on the
DDRS Advisory Council. We
value your commitment
and contribution!



**Division of Disability and
Rehabilitative Services**

Open Futures Learning “Three Days a Week”

Peter Leidy sings 3 Days a Week about a person wanting a little more than an outing
and a van ride three times a week.



Medicaid Forecast and Family and Social Services Administration's HCBS Waiver Update

DDRS Advisory Council
January 17, 2024

Agenda

- Medicaid Forecast-Kelly Mitchell
- Drivers-Kelly Mitchell
- Strategic Approach- Kelly Mitchell
- Key Strategies to Minimize Impact of Variance- Kelly Mitchell
- Key Strategies to Address Drivers of Variance- Cathy Robinson
- Waiver Transition Overview- Cathy Robinson
- Waiver Draft Details- Holly Wimsatt
- Waiver Amendment Timeline-Holly Wimsatt
- 2nd Public Comment Period- Holly Wimsatt
- Waiver Redesign Update- Holly Wimsatt
- Questions

December 2023 Medicaid Forecast

\$900M Variance from April 2023 Projections

- FSSA team reviewed data, policies, approved waivers, and current waiver drafts to better understand the drivers behind our variance.
- We sought to truly understand the issues so solutions:
 - are as tailored as possible,
 - maintain our focus on the people we serve and,
 - continue forward momentum on agency initiatives.





Drivers of Forecast Variance

- Decrease in Federal FMAP
- Pharmacy Rebates
- Delayed Implementation of ABA Rates
- Unanticipated Growth in Enrollment and Utilization
 - A&D Waiver
 - ATTC

Strategic Approach

- 1) Strategies that help minimize impact
- 2) Strategies focused on addressing drivers



Broad Strategies to Minimize Impact

- ❑ HCBS Enhanced FMAP reallocation
- ❑ Pause on 2% rate indexing



Targeted Strategies to Address Drivers

Cathy Robinson, DDRS Associate Director

Key Strategies



- A&D Waiver
 - Review of Service Plans and Reduction of Auto Approval
 - Ensure Service Definition Compliance
 - Structured Family Caregiving Provision for Legally Responsible Individuals
 - Pediatric Eligibility: Training, Reviews, and Future Planning
 - Expedited Waiver Eligibility Pause
 - Waiver Slots

Overview of Waiver Transition

What?

- Create a new waiver and administration of the A&D waiver (ages 60+) for the IN PathWays for Aging program with OMPP oversight
- Transition oversight of the current A&D (ages 59 and under) and TBI to DDRS

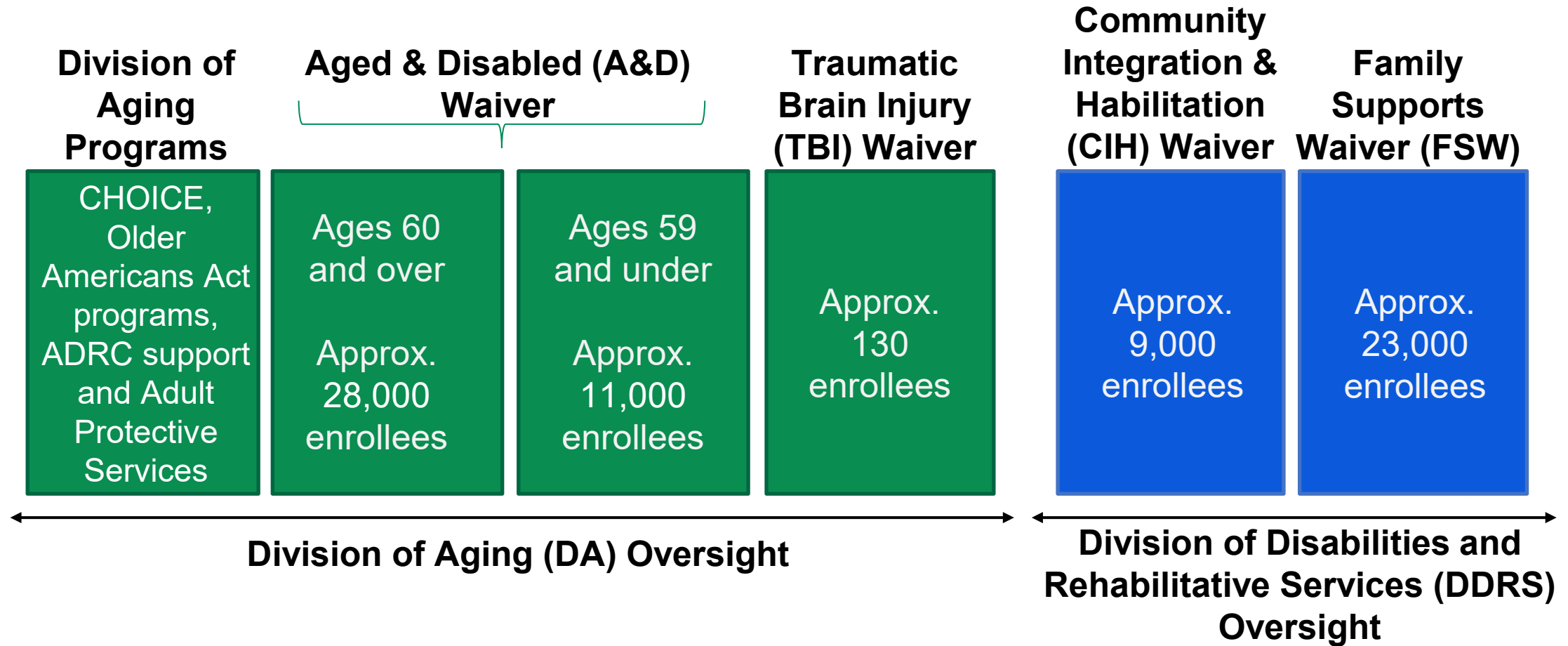
Why?

- Enhance waiver administration across FSSA divisions while ensuring a positive and smooth transition for HCBS waiver recipients and providers
- Goals: increase person-centered planning, improve coordination of care, increase community engagement, enhance member experience, maintain qualified providers, comply with HCBS Rule, and promote efficiency

How?

- Strong collaboration with DA, DDRS, OMPP, and CMS
- Stakeholder engagement with consumer groups, providers, AAAs and case management entities, Commission on Aging, and CHOICE board

Waiver Transition: Current FSSA HCBS Programs*



*Excluding DMHA waivers

Home and Community Based Services (HCBS) Waiver Transition

What is happening?

Individuals aged 60 and above enrolled in the Aged & Disabled Waiver will transition to the Indiana PathWays for Aging waiver program as announced in 2022. The Aged & Disabled waiver for ages 59 and under will become the Health & Wellness waiver. Waiver services will remain aligned for both of these waivers. Individuals who are identified to move to the PathWays for Aging program will be notified in writing.

What is the overall objective?

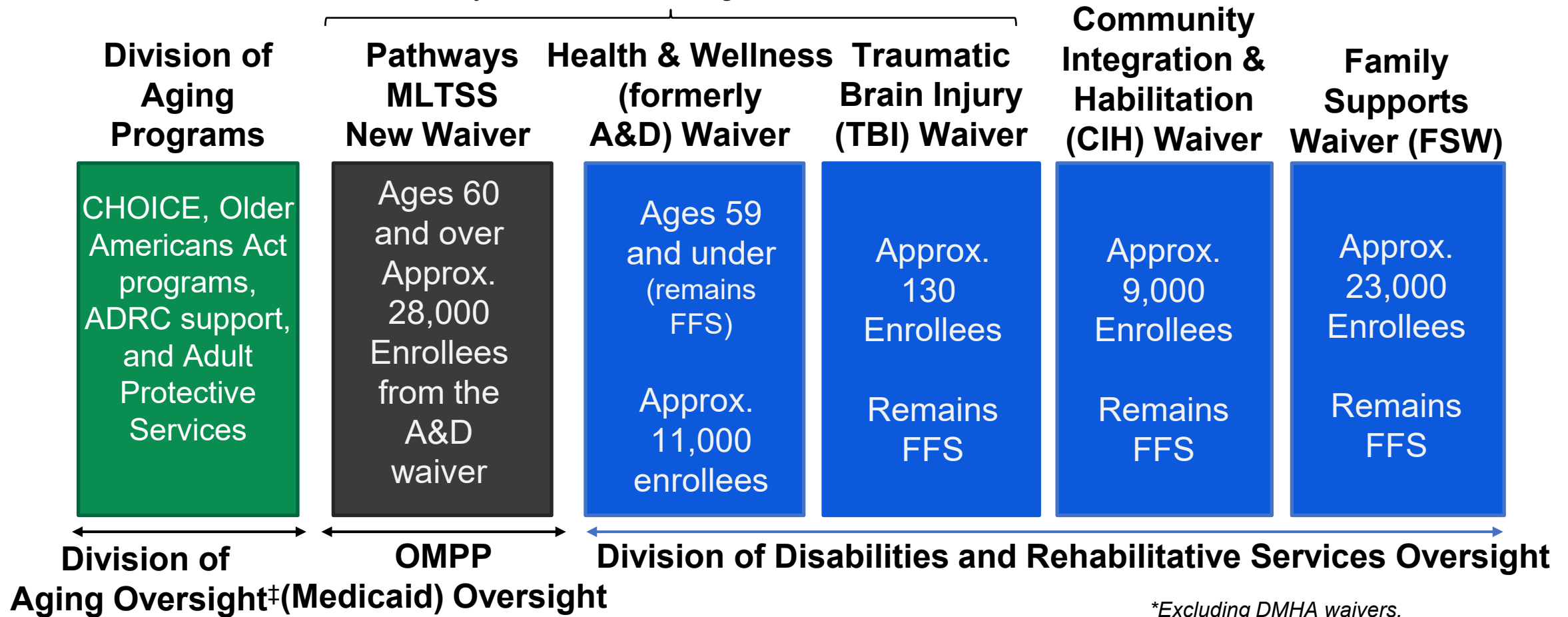
To foster a positive and smooth experience for waiver recipients and providers by enhancing A&D and TBI waiver structure through the transition across divisions; by March 2024, submit final waiver amendments.

What changes will happen to non-HCBS waivers related to this transition?

The population of HCC waiver will also be modified to reflect that members will be ages 59 and under, as those 60 and over will be served under PathWays.

Future FSSA HCBS Programs*

PathWAYS, H&W, TBI Changes Effective 7/1/24



*Excluding DMHA waivers.

‡The Division of Aging will continue to provide support and subject matter expertise to OMPP and DDRS in managing HCBS waivers.

What is Currently Out for Public Comment?

The following waivers were previously out for public comment November 8, 2023, through December 14, 2023. Slides later in this deck will provide a high-level overview of the changes since the last public comment period and a summary of previously shared updates.

- The Family Supports (FSW) waiver
- The Community Integration and Habilitation (CIH) waiver
- The Traumatic Brain Injury (TBI) waiver
- The Health and Wellness (H&W), formerly known as the A&D waiver (for those under age 60)
- The PathWays 1915(b)/(c) waivers (including those served by A&D waiver for those aged 60+)

The following waiver is now out for public comment but had not been out for comment last November.

- The Hoosier Care Connect (HCC) waiver

FSW Waiver Amendment Overview

Who is served by FSW:

- The FSW provides supports to children and adults with intellectual and developmental disabilities.

Updates in the January waiver amendment draft:

- Keeps provider rates the same as the rates as approved by CMS and effective July 1, 2023. Includes permissive as fiscal situation allows to return to previously planned rate indexing.
- Adds priority category for individuals on A&D waiver who are subsequently found to not meet NFLOC but who do meet ICF/ID LOC
- Clarifies the \$15,000 vehicle modification cap is for every 10 years, not per lifetime
- Clarifies the policies surrounding the allowance of services provided by legally responsible individuals to sustainably provide services with appropriate checks and balances
- Clarifies previous proposed changes to behavior support services definition as a result of public comment

Items shared during Nov-Dec public comment period:

- Added new employment service, Career Exploration, to implement employment transformation plan and provide additional service/support options for individuals with I/DD pursuing competitive, integrated employment opportunities. (Goal: 38% of individuals in services report competitive integrated employment outcomes by 2027.)
- Added the Home Modifications Assessment service
- Made changes to behavior support services and case management services as part of employment transformation plan
- Made minimal changes to service definitions to clarify service outcomes and potential ways the services could be used, and to align descriptions across multiple waivers for consistency

CIH Waiver Amendment Overview

Who is served by CIH:

- The CIH provides supports to children and adults with intellectual and developmental disabilities.

Updates in the January waiver amendment draft:

- Keeps provider rates the same as the rates as approved by CMS and effective July 1, 2023. Includes permissive as fiscal situation allows to return to previously planned rate indexing.
- Revises count of expected participants due to MFP
- Clarifies the \$15,000 vehicle modification cap is for every 10 years, not per lifetime
- Clarifies previous proposed changes to behavior support services definition as a result of public comment

Items shared during Nov-Dec public comment period:

- Added new employment service, Career Exploration, to implement employment transformation plan and provide additional service/support options for individuals with I/DD pursuing competitive, integrated employment opportunities. (Goal: 38% of individuals in services report competitive integrated employment outcomes by 2027)
- Added the Home Modifications Assessment service
- Made changes to behavior support services and case management services definitions to clarify the role of these services in competitive integrated employment
- Made minimal changes to service definitions to clarify service outcomes and potential ways the services could be used, and to align descriptions across multiple waivers for consistency

TBI Waiver Amendment Overview

Who is served by TBI:

- The TBI waiver provides support for people who have experienced a traumatic brain injury.

Updates in the January waiver amendment draft:

- Keeps provider rates the same as the rates as approved by CMS and effective July 1, 2023. Includes permissive as fiscal situation allows to return to previously planned rate indexing.
- Adds transfers to allowable activities under Attendant Care definition
- Removes reference to exclusion for the family ownership of an agency
- Clarifies the \$15,000 vehicle modification cap is for every 10 years, not per lifetime
- Clarifies the policies surrounding the allowance of services provided by legally responsible individuals to sustainably provide services with appropriate checks and balances; will permit for Structured Family Caregiving and will not permit for Attendant Care.

Items shared during Nov-Dec public comment period:

- Made minor changes to language in the waiver to align all 1915(c) waivers with matching language.
- Switched waiver oversight from Division of Aging to Division of Disability and Rehabilitative Services
- Added the Structured Family Caregiving service and the Home Modifications Assessment service
- Made minimal changes to service definitions to clarify service outcomes and potential ways the services could be used, and to align descriptions across multiple waivers for consistency

Health & Wellness Waiver Amendment Overview (formerly A&D Waiver)

Who is served:

- The H&W provides support to children and adults ages 59 and under who meet nursing facility level of care (NFLOC)

Updates in the January waiver amendment draft:

- Adjusts the transition timeframe for continuity of care for existing service plans to a minimum 90-day period to match timeframes in existing managed care programs. Following this period, services may not be reduced or terminated in the absence of an up-to-date assessment of needs that supports reduction or termination.
- Clarifies the policies surrounding the allowance of services provided by legally responsible individuals to sustainably provide services with appropriate checks and balances; will permit for Structured Family Caregiving and will not permit for Attendant Care.
- Revises provisions for annual rate adjustments to keep provider rates the same as the rates as approved by CMS and effective July 1, 2023. Includes permissive as fiscal situation allows to return to previously planned rate indexing.
- Keeps the number of waiver slots consistent with previously approved slots
- Adds explanation of potential waitlist procedures
- Clarifies language on selection of entrants to the waiver

Health & Wellness Waiver Amendment Overview (formerly A&D Waiver)- Cont'd

Updates in the January waiver amendment draft (continued):

- Updates cost neutrality information
- Revises language regarding when auto-assignments occur for those who do not select a PathWays MCE (applies to those transitioning from H&W to PathWays waiver at 60th birthday)
- Removes reference to exclusion for the family ownership of an agency
- Clarifies the \$15,000 vehicle modification cap is for every 10 years, not per lifetime

Items shared during Nov-Dec public comment period:

- Made minimal changes to service definitions to clarify service outcomes and potential ways the services could be used
- Made minor changes to language in the waiver to align all 1915(c) waivers with matching language
- Switched waiver oversight from Division of Aging to Division of Disability and Rehabilitative Services
- Changed name to Health and Wellness (H&W) waiver
- Changed waiver target population to serve individuals aged 0-59 [note: age 60 and above will be served in PathWays]

Indiana PathWays for Aging - New Waivers

Who is served:

- Individuals who are 60 and over who are aged, blind and disabled and qualify for Medicaid services, or including those age 60 and over currently enrolled in Hoosier Care Connect, or qualify for both Medicare and Medicaid, or receive services on the Aged and Disabled Waiver, or receive services in a nursing facility

Updates in the January waiver draft (continued):

- Adjusts the timeframe for continuity of care for existing service plans to a minimum 90-day period to match timeframes in existing managed care programs. Following this period, services may not be reduced or terminated in the absence of an up-to-date assessment of needs that supports reduction or termination.
- Clarifies the policies surrounding the allowance of services provided by legally responsible individuals to sustainably provide services with appropriate checks and balances; will permit for Structured Family Caregiving and will not permit for Attendant Care.
- Revises provisions for annual rate adjustments to keep provider rates the same as the rates as approved by CMS and effective July 1, 2023. Includes permissive as fiscal situation allows to return to previously planned rate indexing.
- Keeps the number of waiver slots consistent with previously approved slots

Indiana PathWays for Aging - New Waivers

Updates in the January waiver drafts (continued):

- Adds explanation of potential waitlist procedures and reserved capacity for individuals aging out of the Health & Wellness Waiver to ensure continuity of care
- Clarifies language on selection of entrants to the waiver
- Revises language regarding when auto-assignments occur for those who do not select an MCE
- Removes reference to exclusion for the family ownership of an agency
- Clarifies the \$15,000 vehicle modification cap is for every 10 years, not per lifetime

Things to note that were previously shared in the PathWays drafts:

- This waiver is a 1915 (b)/(c) combination. The 1915(b) waiver authorizes the managed care program. The 1915(c) waiver provides the HCBS currently available on the A&D waiver for ages 60+
- Those receiving hospice services when they become eligible for PathWays and American Indians/Alaska Natives can opt-in to managed care
- Maintenance of Effort – Any changes around service definitions are minimal and do not affect services.
- All enrollees are eligible to receive care coordination. Enrollees who have a "nursing facility level of care" will also be offered service coordination.
- Service definitions remain aligned with the current Aged and Disabled waiver
- More information about the new PathWays program can be found at in.gov/pathways

Hoosier Care Connect Waiver Amendment Overview

Who is served:

- The HCC provides support to individuals ages 59 and under who are blind, or disabled and who are also not eligible for Medicare and do not meet a nursing facility level of care.

Updates in the January waiver amendment draft:

- Changes waiver target population to serve individuals ages 59 and under [note: age 60 and above will be served in PathWays]

The HCC waiver was not posted or amended during Nov-Dec public comment period but is now due to be amended

Timeline

Public Comment Period	01/17/24 – 02/16/24
Waiver Effective Date	07/01/24

Purpose of Public Comment?

- Required by Federal Law (42 CFR §441.304(e) and (f))
- Federal law mandates 30-day notice to ensure timeliness
- Your comments are **VALUABLE** in developing and implementing waiver changes!
- The state will consider each comment submitted for review
- Gives us an opportunity to change areas of the proposed amendments prior to submitting for approval
 - Updates in the new waiver drafts include edits based on the 1st public comment period
- Allows community to see what we are planning and share BOTH support or concern

Where Do You Find H&W, CIH, TBI, and FSW Waiver Documents

Public notice will be made available via the following methods:

1. Electronic copies posted on the FSSA webpages at <http://www.in.gov/fssa/ddrs/4205.htm> and <https://www.in.gov/fssa/public-notices/>
2. Electronic copy posted in the Indiana Register at <http://iac.iga.in.gov/iac/irtoc.htm>
3. Paper copy available upon request at local Division of Family Resources offices and local Bureau of Disabilities Services (BDS) (previously known as the Bureau of Developmental Disabilities Services or BDDS) offices.

Where Do You Find PathWays and HCC Waiver Documents

Public notice will be made available via the following methods:

1. Electronic copy posted on the FSSA webpage at <https://www.in.gov/fssa/public-notices/>
2. Electronic copy posted in the Indiana Register at <http://iac.iga.in.gov/iac/irtoc.htm>
3. Paper copy available upon request at local Division of Family Resources offices and a local Area Agency on Aging Office

How To Submit a Public Comment

Comments on the **H&W, TBI, FSW, and CIH Waivers** can be emailed to DDRSwaivernoticecomment@fssa.IN.gov or mailed to:

FSSA Division of Disabilities and
Rehabilitative Services
RE: [Insert Amendment Name] Public
Comment
402 West Washington Street, Room
W453
P.O. Box 7083
Indianapolis, IN 46027

Comments on the **PathWays & HCC Waiver** can be emailed to backhome.indiana@fssa.in.gov or mailed to:

Family and Social Services Administration
Office of Medicaid Policy and Planning
Attention: Holly Cunningham-Piggott
402 W. Washington St., W374
Indianapolis, IN 46027

Approach to Waiver Redesign

Improve team dynamics through shared outcomes and communication

Enhance Case Management and System Navigation

Focus on key supports to build independence

All people have the right to live, love, work, learn, play and pursue their dreams.

Waiver Redesign

- Waiver Integration & Alignment
- Waiver Redesign & Reset





Questions

- Kelly Mitchell, DDRS Director
- Cathy Robinson, DDRS Associate Director
- Holly Wimsatt, BDS Director



**Division of Disability and
Rehabilitative Services**

Expanding Self-Direction in Indiana

Heather Dane, BDS, Chief Program Officer

Creating a Vision

Self-directed service options are consistent with FSSA's desire to offer person-centered, individualized support.

Individuals and families have expressed support for the expansion of self-direction.





Core Values

Vision Statement

Individuals best know their needs and how to address them. Self-Direction provides individuals more choice and control over WHO supports them and HOW they are supported. By self-directing services, individuals have more flexibility in choosing supports that look and feel right to them, selecting staff they want to work with, and designing a schedule suitable to their preferences.

An individual using self-directed services hires and trains one or more persons to support them. Staff work for the individual, instead of an agency provider, and their employment can be terminated by the individual.



Core Values

Choice & Control

Self-direction is having the power to make decisions and be in control of your life. This includes being provided all the information necessary to make informed choices. It includes access to the information needed to make informed choices about how and with whom you want to share your life. The power to make your own choices includes the authority and responsibility to manage your own budget and hire the people you want to provide your supports.



Core Values

Dignity, Respect & Rights

You have the right to be treated with dignity and respect. You have the right to share your skills, talents, and self with your community. You have the right to take risks, make mistakes and learn from them. You have the right to be part of your community. You have the right to give and receive information through all methods and forms of your expressive and receptive communication style. All supports will be delivered based upon your vision for your life.



Core Values

Interdependence & Autonomy

Self-direction provides flexibility and equitable access to supports that enable individuals' autonomy in their employment, housing, and social opportunities. As a person's interests or needs change so should the services that support them.

Current Goal: successfully transition existing self-directed service options on the A&D Waiver to the PathWays and Health and Wellness Waivers

Future Goal: explore opportunities to expand self-directed options across all waivers and to a broader array of services

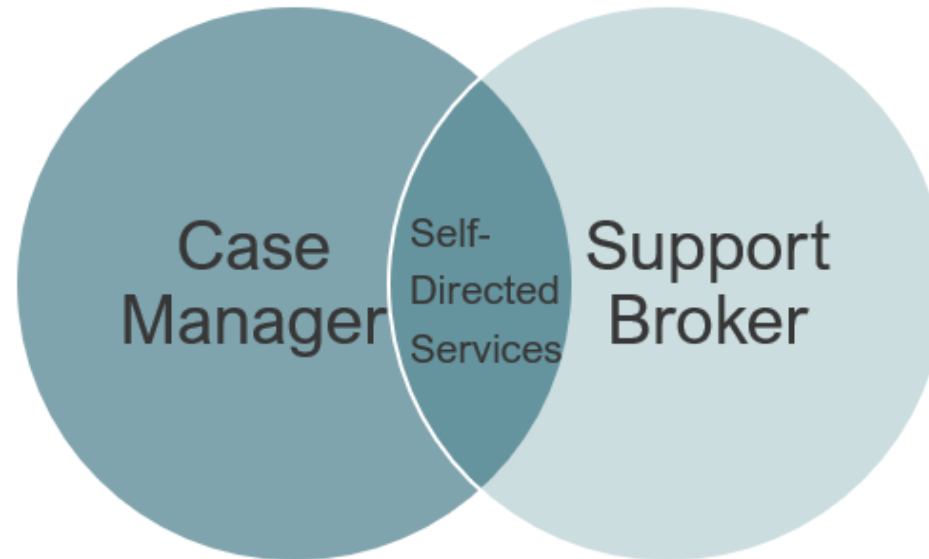
Information & Assistance

Include providing assistance and practical skills training to the waiver participant in the areas of: understanding and managing the responsibilities involved with self-direction; developing daily implementation of and managing the self-directed plan and budget; negotiating terms and service arrangements with providers in the self-directed plan and budget; employer responsibilities such as recruiting, supervising, and training of participant-hired staff; service documentation requirements to ensure agreement with program and Medicaid standards; and risk assessment, planning and ensuring safeguards are identified and met.

PCISP

Assessment

Plan Monitoring



Self-directed
services budget

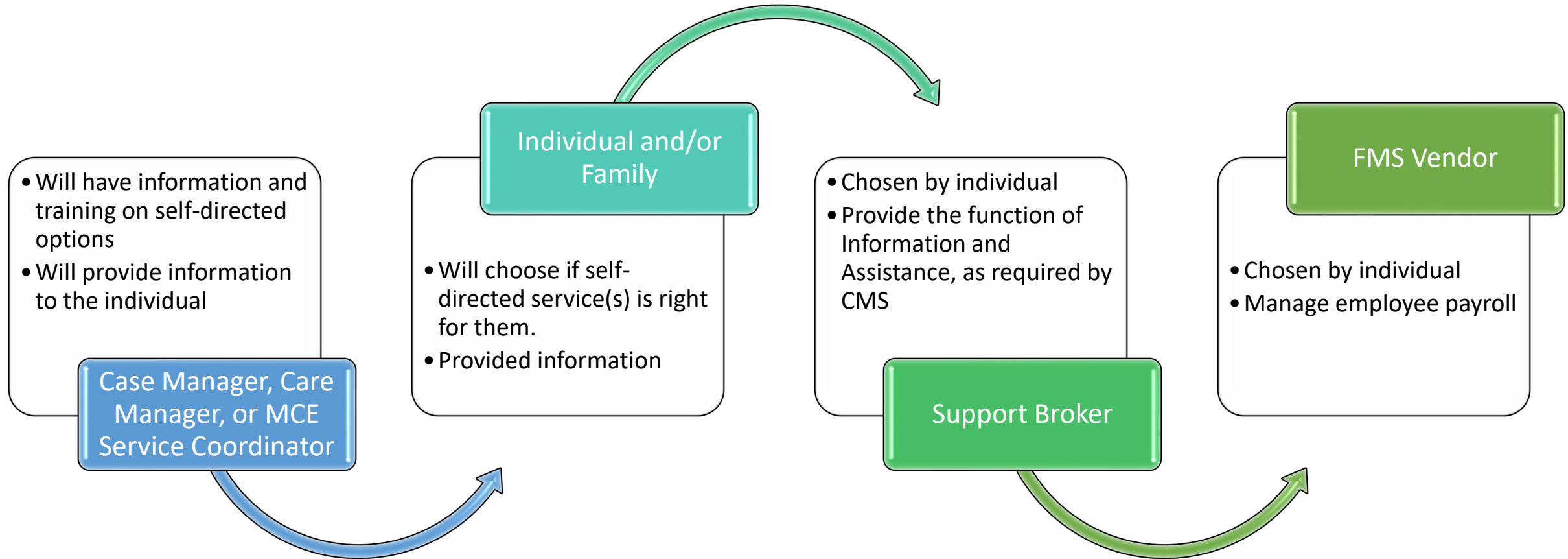
Assistance with
employer
responsibilities
(recruit, hire,
train)



Financial Management Services

- Manage and direct the disbursement of funds contained in the participant-directed services budget;
- Facilitate the employment of staff by the waiver participant or authorized representative, by performing as the participant's agent such employer responsibilities as verifying employee qualifications, processing payroll, withholding Federal, State, and local tax, making tax payments to appropriate tax authorities; and
- Perform fiscal accounting and make expenditure reports to the waiver participant or authorized representative and State authorities.

Shared resources and materials that are based upon the core values of self-direction will be available all channels to promote consistency across the programs.



Continued Development

- Policy and Procedures
- Budget Determinations
- Program Evaluation
- Operationalization





Thank You



2024 DDRS Advisory Council Schedule

January 17, 2024	Virtual		BDS
February 21, 2024	Virtual		BCDS
April 17, 2024	In Person	IGCS Conference Room A	BRS
May 15, 2024	Virtual		BDS
June 19, 2024	In Person	IGCS Conference Room B	BCDS
August 21, 2024	Virtual		BRS
September 18, 2024	In Person	IGCS Conference Room A	BDS
October 16, 2024	In Person	IGCS Conference Room A	BCDS
November 20, 2024	Virtual		BRS



