



# Member Forum

December 17, 2021

## Welcome

- Debbie Bennett, President & CEO, Hillcroft Services, Inc.

## Today's Agenda

- Innovation in the Industry -- David Dreith, Easterseals Crossroads, Colleen Renie, The Village of Merici
- 2022 INARF Legislative Agenda - Katy Stafford-Cunningham, INARF
- 2022 General Assembly Preview - Kelli Waggoner, Grant Waggoner, KWK Management Group
- Industry Update - John Barth, Katy Stafford-Cunningham, and Brian Carnes, INARF

### Professional Interest Section Meetings / Professional Development:

- January 20 - Community Supports (10 AM-Noon) / Employment Supports (12:30-2:30 PM)
- February 10 - Financial Management (10 AM-Noon) / Human Resources (12:30-2:30 PM)
- February 17 – Child and Family Services (10 AM – Noon)

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

- January 28 – Member Forum / Board of Directors Meeting - Hybrid – English Foundation Building
- February 25 - Member Forum / Board of Directors Meeting - Hybrid – English Foundation Building

Registration for each meeting is available 3 weeks in advance. Recordings and materials will be available on the [INARF Member Portal](#) within 2-3 business days following each meeting.



## **Innovation in the Industry**

David Dreith, Easterseals Crossroads

Colleen Renie, The Village of Merici



# easterseals

## Crossroads

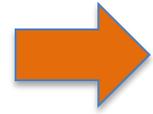
**Pathways to Opportunity**

- Poverty is both a cause and a result of disability
- Americans with disabilities are two and a half times more likely to live in poverty than Americans without disabilities
- Employment services for people with disabilities emphasize connection to employment while largely ignoring the other factors that lead to poverty

## **POVERTY & DISABILITY**

# Vocational Rehabilitation Model

**VR  
referral**



**JOB**



# Vocational Rehabilitation Model

- Built in Discovery, but short timeline is necessitated by reimbursement model leaving little time to address the other factors that lead to poverty
- Job advancement is a goal, but the model does not adequately support that aim
- Order of Selection means some people with disabilities aren't being served
- Many people with disabilities do not want the VR model of service delivery



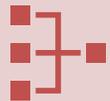
# Pathways to Opportunity Model



Time is not a factor – \$5 million over 5 years



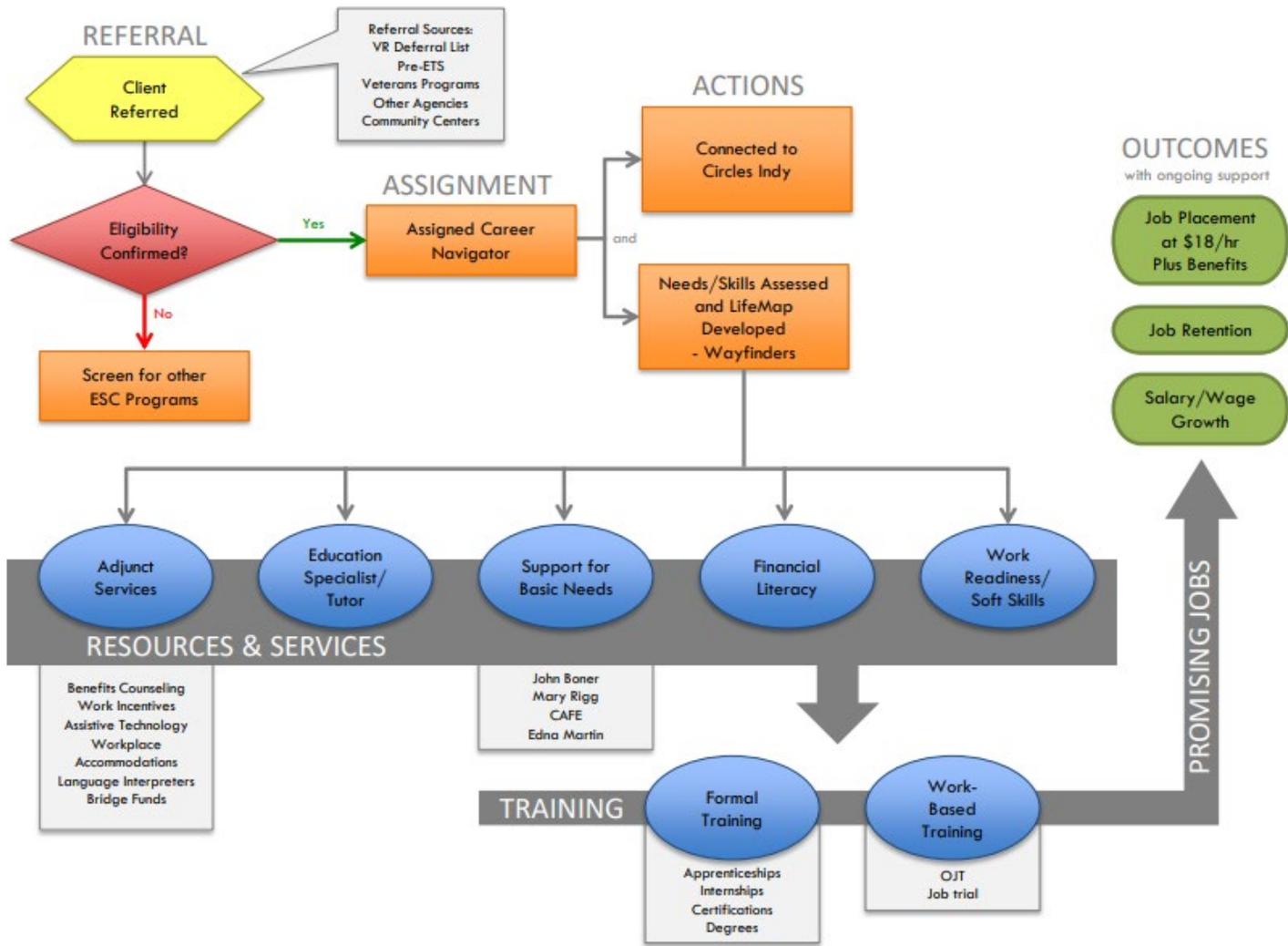
Opportunities to address education, health, housing, basic needs, financial planning, etc.



Non-linear model



### Pathways to Opportunity Flowchart



# Progress



Launched in July 2021

Staff hired – Project Manager, Business Liaison, Employment Navigators

Business Partners – OneAmerica, Community Health Network, Ice Miller

Community Centers – CAFE, John Boner, Edna Martin, Marry Rigg



# Challenges



Building working partnerships

Promising Jobs at Livable Wages

Transportation

Sustainability – Cost per Outcome



# Opportunities



Proof of Concept

United Way – other funders  
focused on poverty

Engagement of Business  
Community

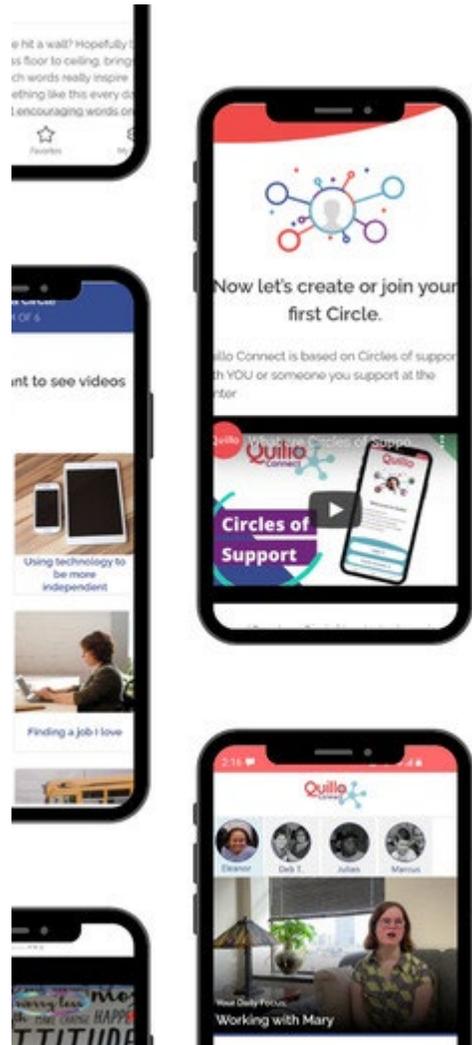


Quillo

Connect



# Community Connections Grant

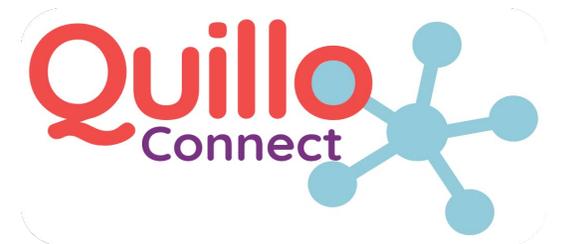


Watch.  
Connect.  
Share.



Indianapolis  
Community Connections

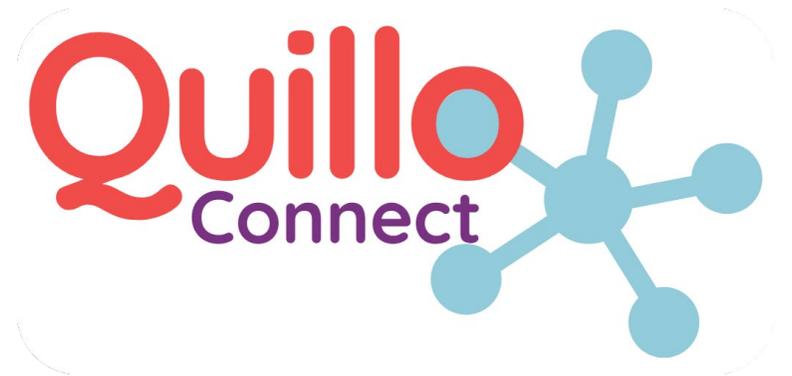
- A Marion County Program -



# Community Connections Grant



**Division of Disability and  
Rehabilitative Services**



# Community Connections Grant

- City of Indianapolis and The Village of Merici
- Address social isolation of people with I/DD, exacerbated by Covid-19.
- Impact of pandemic on people with I/DD
  - Increased isolation
  - Programs shut down
  - Jobs lost
  - Limited participation in social events



# Community Connections Grant

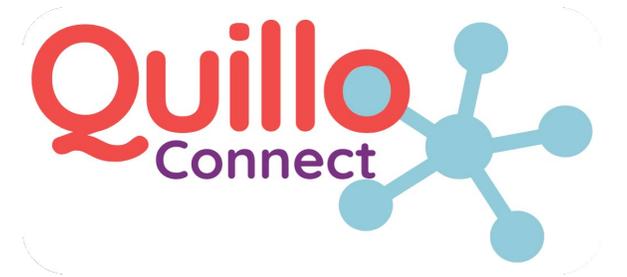
- **Technology is a must for adults with IDD**
- **Covid has led us to understand that we need ways to interact with others using technology supports:**
- **Telehealth services**
- **Accessing information online due to restrictions in community mobility**
- **Improving access to shopping, banking, library, movies**
- **Communicating with family, friends, work**



# Community Connections Grant

Evidence-based project:

- “Effects of Social Isolation and Loneliness in Children with Neurodevelopmental Disabilities: A Scoping Review” (Brain Sciences, October 2020)
- *Together - The Healing Power of Human Connection in a Sometimes Lonely World* (Vivek Murthy, Harper 2020).



# Community Connections With People with Disabilities Grant

Includes:

- Free access to Quillo Connect app (hundreds of videos to watch and share)
- Monthly virtual activities, hosted by partners:



# What is Quillo Connect?

- New platform (app and desktop) connecting people with I/DD, families, and friends to resources
- Create Circles of Support and invite family and friends to join
- Watch short 1-minute videos that share stories and ideas.



1. Download the Quillo app on your smartphone, tablet, or computer.
  - a. On a smartphone or tablet, search “Quillo” to download the Quillo app from your app store and open it.
  - b. On a computer, go to [www.myQuillo.com](http://www.myQuillo.com) and click “Login.”



2. Create Your Account. On the first screen, click “Create Account” to get started. On the second screen, click “Create My Account.”
3. Enter Your Info. Add your basic profile information. Click “Create Account” when you’re done.



# Community Connections Grant

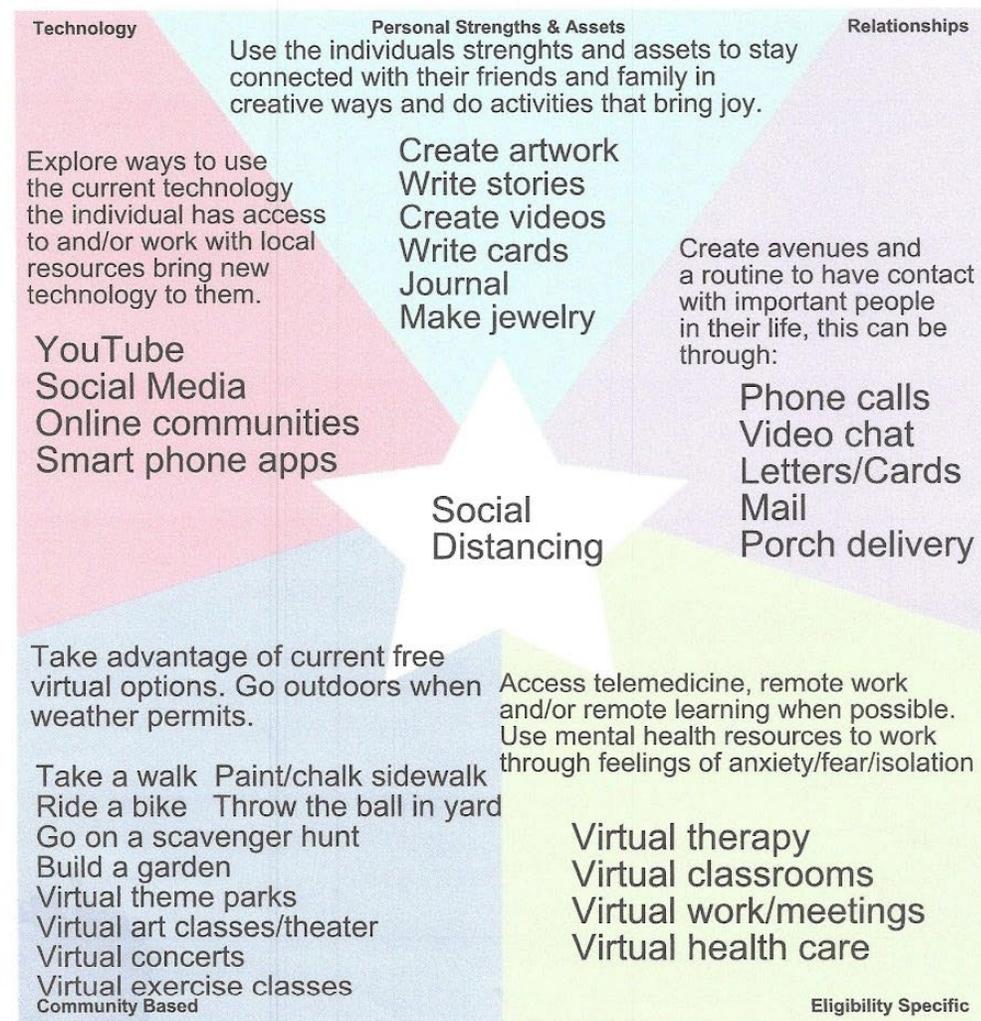


## CHARTING the LifeCourse



### Integrated Supports

People need supports to lead good lives. Using a combination of lots of different kinds of support helps to plot a trajectory toward an inclusive, quality, community life. This tool will help families and individuals think about how to work in partnership to support their vision for a good life.



Access the LifeCourse framework and tools at [lifecoursetools.com](http://lifecoursetools.com)

Developed by the UMKC Institute for Human Development, UCEDD. More tools and materials at [lifecoursetools.com](http://lifecoursetools.com)

MAY 2016

# Collaborator's scope of work

- Solicit and encourage people they support to sign up for the free Quillo Connect app
- Fee \$1000 per collaborator – 7 Initial Collaborators but ended with 6 collaborators
  - Special Olympics of Indiana – Jeff Mohler
  - Down Syndrome Indiana – Lisa Wells
  - The Learning Tree - Amanda Wolf
  - ArtMix – Britt Sutton
  - AccessAbilities Jessica Minor
  - Best Buddies – Natalie Seibert



# Village of Merici Management Responsibilities

- Manage partners participation and production of videos and virtual events
- Save/store videos to central file
- Help with contracts and billing the City of Indianapolis
- Coordinate with psychologists on content training
- Coordinate with collaborators to help people they support sign up for the Quillo Connect app in July –
- Develop evaluation of the grant effects on adults with IDD or grant report.



# Quillo Connect Scope of Work (2 areas)

- **Development of the App (in 3 phases) (\$90,000)**
  - **Phase One, app was developed to:** Manage state service programs, video tagging, billing back end, Daily Focus creation and scheduling, daily focus pulled from the Quillo Library, creating a circle, creating circle admin account, Onboarding of users, creating public account sign on, manage circle members and Circle Invitations.
  - **Phase Two:** Create the Quillo Connect Home page, Circle's page and management, ability to switch circles, Sharing Videos, matching algorithm logic to individual choices, and circle administration.
  - **Phase Three:** App Testing and final production
- **Video Planning, Editing and Creation (\$8,000)**
  - Quillo staff provided consultation, support and editing of videos in preparation for launch. Billed at \$2,000 per month beginning March 1 through June 2021.
  - Coordinate branding options with the City of Indianapolis and OCRA/FSSA



# Community Connections Grant

- Role of Partners
  - hosted 50 virtual activities for adults with developmental disabilities
  - created 400 one-minute videos designed to support, encourage and expand upon lessons from and in the virtual events
- Promote persons served to sign up for the app
- Fee of \$10,000



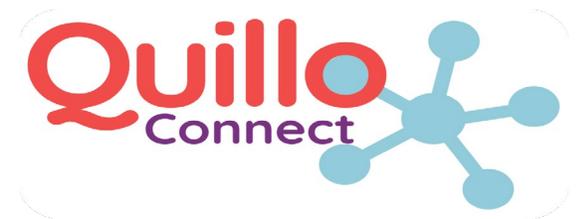
# Community Connections Grant

## Early results:

What we found is that the level of technology skills still needs more focus on training how to use the devices for adults with IDD

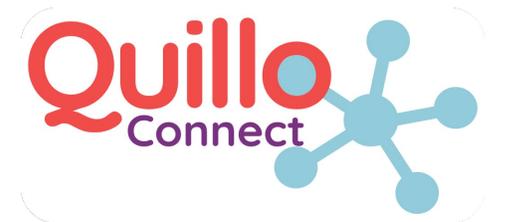
Many individuals have smartphones, ipads, computers but still lack skills such as:

- knowing passwords
- knowing how to download apps
- know friend's emails
- reading skills (daily notices about videos) digital literacy & unfamiliar terms
- how to connect to links
- Accessibility features on their device
- Internet access – reliable internet access in various locations – home, work, day service providers, in the community
- Novel experiences – sharing links



# Community Connections Grant

- We found many adults with IDD had a reliance on family or staff to “set them up”
- We found that we had to encourage staff or family members to download the app and show the adult with IDD how to watch the videos



# Community Connections Grant

- 100% of those users responding to our survey stated they liked the videos on Quillo Connect
- 100% of those responding to our survey stated the videos helped them feel connected to the Indianapolis area.
- Only 77% said they suggested to friend to join Quillo Connect
- 25% felt it was difficult to use Quillo Connect
- 12% said they never participated in the virtual events
- 89% did say they liked watching the videos to see what other people are doing in the community to have fun and connect with others.



## Community Connections Grant

- The app will continue to be made available to anyone in the state through June 2022.
- Try it and let us know your thoughts!





# **2022 INARF Legislative Agenda**

**Katy Stafford-Cunningham, INARF**

### INARF Appointments

- INARF representative appointment to the 211 Advisory Committee (IC 12-13-16-9)
- INARF representative appointment to the Statewide 988 Board or language to require coordination with IDD providers in implementing the 988 program

### Telehealth

- Expand telehealth to include waiver services such as Case Management and therapy services

### INARF Policy Position

- INARF reaffirms its opposition to the development of a managed care model for HCBS and group home services being provided to individuals with intellectual and developmental disabilities.



# **2022 General Assembly Preview**

**Kelli Waggoner & Grant Waggoner, KWK Management Group**



## Industry Update

John Barth, Katy Stafford-Cunningham, Brian Carnes, and  
Phillip Parnell, INARF

## INARF & The Arc Critical Issues Forum

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The INARF & The Arc of Indiana co-hosted a very successful Critical Issues Forum on December 1, 2021 for over 80 attendees.

## INARF Legislator of the Year Award

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The INARF Legislator of the Year Award was delivered to Chairman Ryan Mishler at Logan Services in South Bend on November 18<sup>th</sup>, 2021

- DDRS proceeded with auto-assignment activities this week for those individuals who have not yet chosen a case management company (less than 200 individuals).
- DDRS is planning to generate lists for residential providers to share who was auto-assigned in an effort to ensure there's another touchpoint where individuals can be informed they have a new case management company.
- Individuals who are auto-assigned will be contacted by their new case management entity after the auto-assignment date (12/15) and the end of January 2022.
- Individuals who are auto-assigned and do not want the case management company they have been assigned to, can choose a different company.

DDRS shared during the 12/15/21 DDRS Advisory Council meeting that the Community Integration and Habilitation Waiver and Family Support Waiver amendments submitted by DDRS to the Centers for Medicare and Medicaid Services (CMS) have been approved.

Changes in the waiver amendments include the following:

- Provider rate increases (14% for DSP wages)
- Transportation cap increase for FSW
- Vehicle Modification Service – Separate from specialized medical equipment
- Alignment/adjustment of allowances for vehicle mods
- Case management service definition changes – virtual component added
- Various areas of language clean up

## Spend Plan Update: Temporary FMAP Increase

- The American Rescue Plan Act (APRA) of 2021 includes a temporary 10 percent increase to the Federal Medical Assistance Percentage (FMAP) for HCBS services for qualifying states.
- To qualify, states must submit a “spend plan” reviewing how the state intends to spend the funds.
- FSSA received partial approval of their spend plan on September 30, 2021 but needed to submit more information to receive a full approval. DDRS reports that engagement with CMS is on-going on the outstanding elements.
- During his “Secretary Call” update held on December 13, 2021, FSSA Secretary Rusyniak reported that the agency will proceed with implementation of key elements of their spend plan under the authority of the partial approval.

# Spend Plan Update: Temporary FMAP Increase

The key near term FMAP spend plan elements include:

- \$173M to establish and administer targeted grant programs, aimed at stabilizing provider operations, workforce, and caregivers
- FSSA set aside \$2M for caregivers and will channel the rest to providers and, subsequently, the workforce through a required passthrough rate
- FSSA is planning a stakeholder webinar in the next few weeks to review the details

American Rescue Plan Area of Focus	Point of Contact/Lead
Stabilization Grants	Kim Opsahl, Lisa Davis
Workforce	Peggy Welch, Kelly Mitchell, Geena Lawrence
Family Caregiving	Self Advocates of Indiana
Provider Capacity	Kelly Mitchell, Holly Wimsatt, Kim Cauley

## Dr. Dan's Secretary Call

- Feb. 2020 claims **806** vs. April 2020 claims **27,931**
- Code set for 2022
  - The provider must be enrolled with IHCP and be a licensed practitioner listed in IC 25-1-9.5-3.5.
  - The procedure code must be listed in the 2022 Telehealth Code Set.
  - The claim must have both The appropriate place of service code (POS Code) and the appropriate telehealth modifier

## New Services for Telehealth Coverage

- Expanded Behavioral Health Services
- Expanded Physical/Occupational/ Speech Therapy Options
- Audiological Services
- Remote Patient Monitoring
- Optometry Services
- Pediatric/Child Evaluations

Anticipated Code Set Q1 2022

## OSHA ETS

- Injunction is currently in place nationally
- Waiting for a hearing in the 6<sup>th</sup> District Court

## Federal Employees and Contractors

- Injunction is currently in place nationally

## CMS IFR

- Injunction is in place for Indiana
- District Court in Missouri injunction is in place for the original 10 states
- District Court in Louisiana issued nation wide injunction
- 5<sup>th</sup> Circuit removed nationwide injunction and replaced it with an injunction for all 14 states that are currently party to the lawsuit

Post and Pay: tentatively working towards full implementation by early summer 2022

24 hour congregate care settings update:

- The state is currently working on a modifier for when a service is performed in a 24 hour congregate setting
  - The change request was submitted in early December and is currently under review with Gainwell
  - OMPP's goal is to complete this in January with a February 1 effective date
- 

## 24 hour congregate care settings update:

- The change would be placed in Core in such a way that when a claim comes identifying a specific service with that modifier (either respite, residential habilitation hourly, or PAC), it would not look for an EVV record
- For billing purposes, this change will entail new billing instruction for providers to use to use a specific modifier for services provided in 24 hour congregate care settings
- INSITE will not be affected, but CoreMMIS will be impacted by change

As a reminder, this would only affect individuals in 24 hour congregate care settings, and would not affect individuals receiving 24 hour care living alone

## EVV Claims Update:

- OMPP ran a report to determine the amount of claims that would be denied if EVV hard edits were in place
- The report was based on the top three claim details: No EVV record with training (0950), no EVV record without training (0951), and EVV record amount does not match claim record amount (0952)
- Dates of service: November 29 – December 3
- Amount of claims - \$2,769,957.36
- Over 357 providers were affected – most providers were affected by small amounts, but the top two providers had approximately \$200,000 and \$172,000 claim amounts that were affected

During the December 1 DDRS provider webinar, DDRS provided guidance regarding individual and agency-wide emergency plans

## Residential Provider Crisis Emergency Plans:

- Residential providers should begin revising their agency-wide plans for submission to BQIS
- The emergency plans should acknowledge that individuals have specific emergency plans and it should address all types of crises including staffing shortage, natural disaster, pandemic, etc.
- DDRS shared that Residential providers should receive a follow up email with information regarding requirements and timelines within the next 10 days

## Individual Crisis Emergency Plans

- In accordance with 42 Code of Federal Regulations (CFR) 441.725 - The person-centered service plan [PCISP] must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as a reflection of what is important to the individual with regard to preferences – including ‘risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed’
- Providers and case managers must coordinate together to support individuals and families develop the plan. Case managers will document the plan in the PCISP Other Areas of Importance under Important To/For
- Providers should communicate early and often with case managers, individuals and families when staffing and/or other typical support options are not available

## REMINDER: Required COVID-19 Reporting

- Individuals receiving BDDS services and supports
  - COVID-19 positive cases (confirmed via a COVID-19 test) and all deaths must be reported via [BDDS online incident reporting system](#).
- Provider staff in direct contact with individuals receiving BDDS services and supports
  - COVID-19 positive cases (confirmed via a COVID-19 test) and all COVID-19 related deaths must be reported via online at [COVID-19 employee reporting form](#).
- Provider notification of temporary closures or re-opening
  - Temporary closures or re-opening must be reported online at [Provider notification of temporary closures or re-opening](#).

33 complete responses (46% of membership), 31 providers and 2 case managers

Of the 33 responses, there were 5 respondents that were not subject to either the CMS or OSHA vaccine mandate

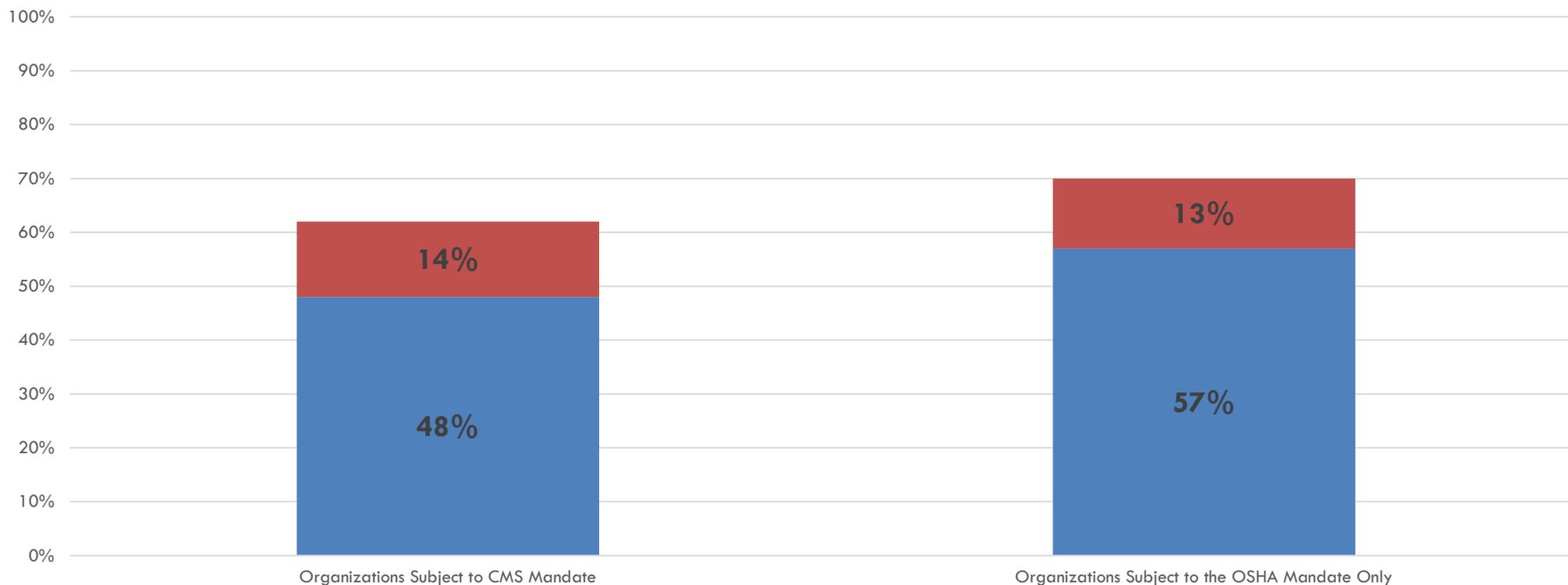
## CMS Vaccine Mandate

- Of the 28 respondents subject to either mandate, 24 (86%) provide group home services (ICF/IDDs) and were therefore subject to the CMS vaccination mandate.
  - Based on legal guidance our organization received regarding vaccine mandates, INARF chose to focus on the CMS mandate for organizations subject to only the CMS mandate and both the CMS and OSHA mandates
- The estimated average percentage of all direct care staff that is vaccinated is 48%
- The estimated percentage of all direct care staff that would be willing to vaccinate is 14%

## OSHA Vaccine Mandate

- Of the 28 respondents subject to either mandate, 25 (89%) have 100 or greater employees.
- There were 3 provider organizations and one case management company that were not subject to the CMS vaccine mandate and had greater than 100 employees (14% of respondents subject to either mandate)
  - Based on legal guidance our organization received regarding vaccine mandates, INARF opted to focus on the OSHA vaccine mandate solely for organizations that did not provide ICF/IDD services and were therefore not subject to the CMS vaccine mandate.
- The estimated average number of direct care staff that is vaccinated is 57%
- The estimated percentage of all unvaccinated direct care staff that would be willing to vaccinate or be tested weekly is 13%

## Direct Care Vaccination Status



- Estimated percentage of all direct care staff that are unvaccinated and would be willing to vaccinate (or be tested weekly for organizations only subject to OSHA mandate)
- Estimated percentage of direct care staff that are vaccinated

The survey requested that all 25 respondents subject to the OSHA vaccine mandate estimate their costs associated with providing PTO for employees to get vaccinated and recover from side effects, as well as any potential costs for testing.

- Respondents estimated that potential cost of providing PTO for employees to get vaccinated and recover from any side effects is \$60,179 – \$64,826
- Though the OSHA rule does not require employers to pay for weekly testing for unvaccinated staff, 13 respondents are considering paying some amount of the cost of testing currently or in the future as a recruitment and retention strategy. Respondents estimated this would cost \$7,011 – \$8,082 monthly

## Effect of Vaccine Mandates on Workforce and Service Delivery

- 21 respondents think a significant number of their direct care staff would leave their organization instead of getting vaccinated (or being tested weekly). One respondent indicated that it instead would be losing more middle management staff with 15-20+ years of knowledge.
- 19 respondents anticipate a significant decrease in their ability to provide services due to direct care staff choosing to leave rather than vaccinate (or be tested weekly).

Services that could be potentially affected by the vaccine mandates are included below. Additionally, several respondents stated that all of their services would be affected.

- Autism Services (Applied Behavior Analysis)
- Case management
- Day Habilitation
- Early Childhood Services
- Environmental Health Services
- Head Start/Early Head Start
- Healthy Families
- ICF/IDD Services
- OBRA services
- Office support staff (will have to backfill unfilled shifts)
- Participant Assistance and Care
- Pre-Employment Transition Services
- Residential Habilitation Services
- Respite
- Therapies
- Transportation
- Vocational Rehabilitation
- Wellness Coordination
- Women, Infants and Children Services
- Work centers

To address the potential decrease in their ability to provide services, respondents have developed crisis contingency plans. Crisis contingency plan activities include:

- Attempting to identify open beds
- Congregate people to a place they could be safely supported
- Have a hierarchy of critical services by site and/or consumer
- Meeting with parents about consolidating sites, taking individuals home
- Reducing the number of residential sites
- Shutting down day programs and reassigning personnel to work in the 24 hour sites and potentially suspending all non-24 HCBS waiver such as Respite, PAC, therapies, and other services
- Staffing below ratios

25 respondents have sent communications regarding the CMS and/or OSHA vaccination mandates to their staff. Below are a few examples of feedback they received from their employees.

- Staff are not pleased and believe it was the organization's decision. Our organization reeducated them that it was the federal government.
- Staff who have been unwilling to be vaccinated to this point have already indicated they would leave the agency instead of getting vaccinated.
- Many religious exemptions.
- Mixed, some are very understanding and supportive, some have already submitted their resignation.
- Of those who were not vaccinated approximately 80% have agreed to be vaccinated. Those who do not want to be vaccinated do not present a valid exemption and instead report personal choice to not be vaccinated.

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,  
visit: [www.INARF.org/INARF-PAC](http://www.INARF.org/INARF-PAC)



**INARF PAC**

## A Statement of Thanks from Steve Cook

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*“As you know COVID prevented any formal retirement celebration following my June 30, 2020 departure. After several possible restarts at some type of gathering I recently let Katy know that any type of gathering was just not going to happen.*

*At that time Katy, provided me a copy of many, many video messages from friends and family. Last Sunday, Cindy (my wife) and I watched all of the videos and they were simply great to see and hear. Many, many thanks to all who participated.*

*I also recently shared with John and Debbie that I have been diagnosed with a brain tumor and I will undergo surgery, very soon, to determine the exact type of tumor and possible treatment. Please accept my thanks for the many prayers and thoughts and words of encouragement as we take on this new battle in our life.*

*Keep doing good and thanks for all you do for individuals with disabilities.*

*Your friend  
Steve”*



Thank you!

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