



Member Forum

August 26, 2022

Welcome

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

Today's Agenda

- 988 and Crisis Service Update
 - *Jay Chaudhary, Director, DMHA*
 - *Kara Biro, Director, Behavioral Health Crisis Care*
- BDDS/DDRS Updates
 - *Holly Wimsatt, Director, BDDS*
 - *Kyle Ingram, Director, Policy and Strategic Initiatives, DDRS*
- Association & Industry Updates
 - *John Barth, Katy Stafford-Cunningham, Nanette Hagedorn, Brian Carnes, and Courtney Scott, INARF*

Professional Interest Section Meetings / Professional Development:

- August 30 - Professional Development Opportunity: Balancing the Work-Life Equation

Upcoming Member Forum and Board of Directors Meetings:

- September 23 - Board of Directors Meeting
- October 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>



988 and Crisis Service Update

Jay Chaudhary, Director, DMHA

Kara Biro, Director, Behavioral Health Crisis Care

What is 9-8-8? We're Just Talking about a New Suicide Prevention Crisis Line, Right?



“9-8-8 is designated as the universal telephone number within the United States for the purpose of the **national suicide prevention and mental health crisis hotline system**”

S.2661 - National Suicide Hotline Designation Act of 2020
116th Congress (2019-2020)

LAW Hide Overview ✕

Sponsor: [Sen. Gardner, Cory \(R-CO\)](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation

“Beginning July 16, 2022, 988 will be the new three-digit dialing code connecting people to the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support is available for anyone experiencing mental health-related distress—**whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.** People can also dial 988 if they are worried about a loved one who may need crisis support.”



A COMPREHENSIVE CRISIS RESPONSE SYSTEM

Indiana's Crisis System will be more than 988 call centers – we are building an integrated network of providers to serve Hoosiers in crisis.

Indiana's Future Crisis System



These three pillars, coupled with a State infrastructure to support and connect them, comprise a system capable of serving *anyone, anytime, anywhere.*

- Indiana is using one-time federal stimulus funds to upgrade the 988 call centers and run pilot programs of new services.
- A fully mature crisis system will take 7-10 years to build. Funding for that system will come from other sources.
- The projected annual cost of a mature crisis system is \$130M



What is 9-8-8 in Indiana?

- “Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. **Establishes the statewide 9-8-8 trust fund.**”
- “**Not later than July 1, 2022**, the division may designate at least one (1) 9-8-8 crisis hotline center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the **9-8-8 suicide prevention and behavioral health crisis hotline** (9-8-8 crisis hotline) from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a week.”
- Per the bill, **DMHA will have oversight over**
 - 9-8-8 crisis hotline center(s)
 - Crisis receiving and stabilization services
 - Mobile crisis teams

House Bill 1468

Enrolled House Bill (H)

Authored by [Rep. Steven Davisson](#).

Co-Authored by [Rep. Edward Clere](#), [Rep. Brad Barrett](#), [Rep. Rita Fleming](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Ed Charbonneau](#), [Sen. Vaneta Becker](#), [Sen. Ronald Grooms](#), [Sen. Jon Ford](#), [Sen. Lonnie Randolph](#).



What is 9-8-8 in Indiana?

- **The mobile crisis teams must include a peer certified by the division and at least one of the following:**
 - A behavioral health professional licensed under
 - An other behavioral health professional (OBHP) as defined in 440 IAC 11-1-12.
 - Emergency medical services personnel licensed under IC 16-31.
 - Law enforcement based co-responder behavioral health teams.
- **Crisis response services provided by a mobile crisis team must be provided under the supervision of:**
 - a behavioral health professional licensed under IC 25-23.6
 - a licensed physician or a licensed advance practice nurse or clinical nurse specialist.
- The supervision required under this subsection may be performed remotely.

House Bill 1222

Enrolled House Bill (H)

Authored by [Rep. Cindy Ziemke](#).

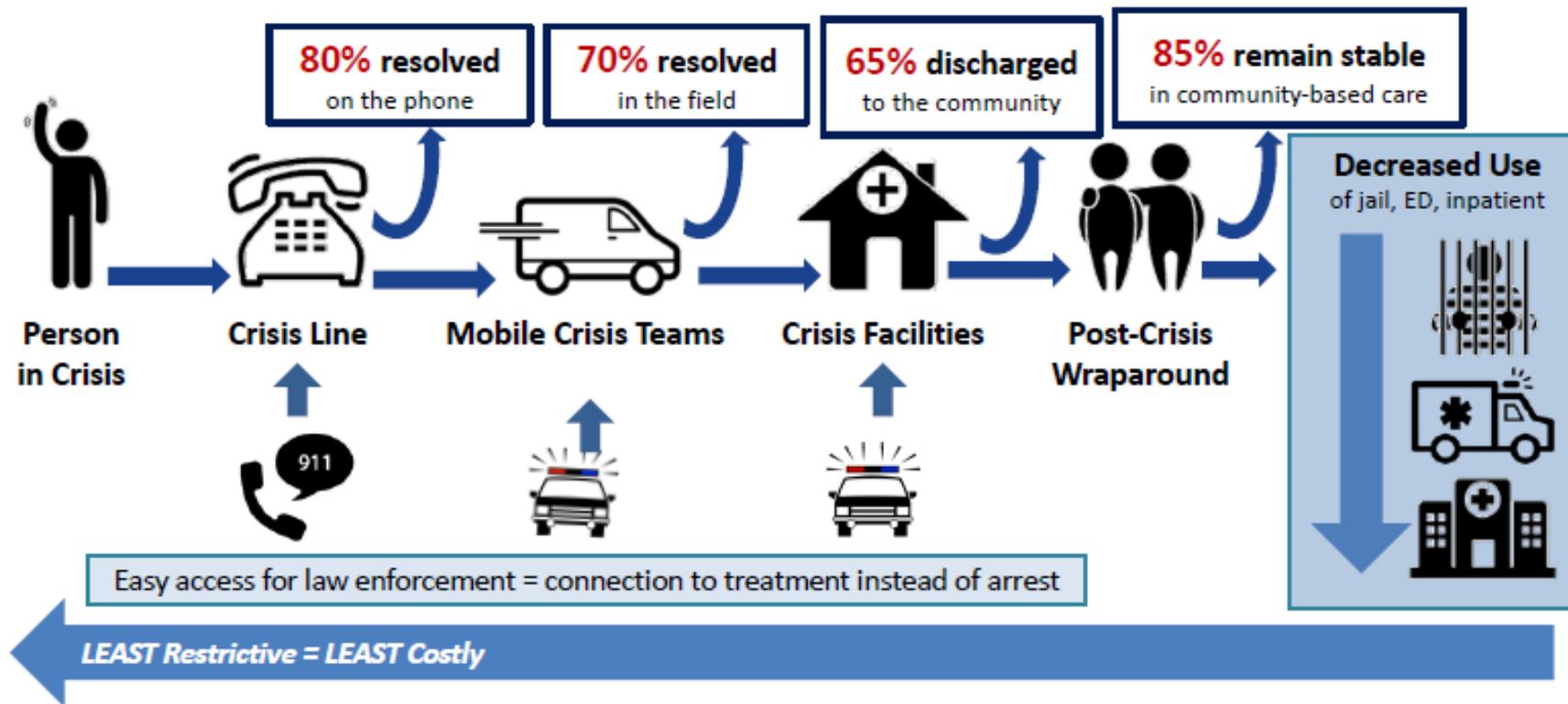
Co-Authored by [Rep. Ann Vermillion](#), [Rep. Julie Olthoff](#), [Rep. Carolyn Jackson](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Jon Ford](#).

A Crisis System that Works

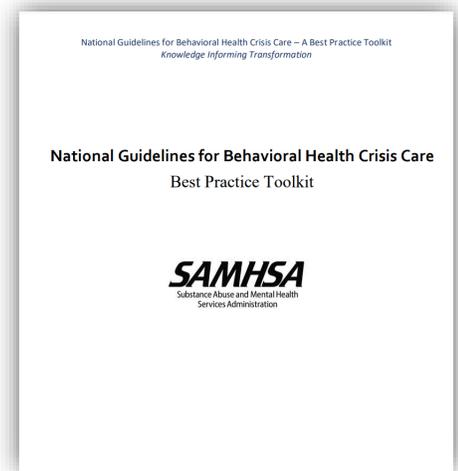


Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

The above image is a reproduced slide from the April 2, 2021 Congressional Briefing: Mental Health is Not a Crime: How 988 and Crisis Services will Transform Care





Vision and Mission Statements for 9-8-8 (Indiana)

Vision

Providing quick, competent, and nation-leading crisis response services for every Indiana resident

Mission

Creating a sustainable infrastructure that will fully coordinate crisis care for mental health, substance use, and suicidal crises

Applying a recovery orientation that includes:

- *trauma-informed care,*
- *significant use of peer staff,*
- *person and family centered focus,*
- *collaboration with law enforcement,*
- *and a commitment to Zero suicide/suicide safer care and the safety of consumers and staff*



988 Planning Committees

Operations and Training

- Developing standardized operational standards and training for Indiana's 988 Centers

Equity

- Ensuring that people in crisis are treated justly according to their circumstances

Marketing and Education

- Improving public understanding and awareness of 988 services

Resources, Referrals, and Linkages

- Ensuring 988 centers have up-to-date resources and linkage information

911-988 Interoperability

- Bridging language and data sharing barriers between PSAPs and 988 Centers, creating a diversion call matrix, and developing 911-988 specialized training

Saving Lives or Empowering People?



Primary goal of crisis intervention is to **help people in crisis restore control in their lives** (Young 2001)

Crisis Intervention is not about “rescue.” More often than not, rescuing benefits the rescuer more than the [person in crisis]; rescuers make the mistake of maintaining control over the [person in crisis] when control should be placed in [their] hands ... in order to be effective ... crisis intervention must be both empowerment-focused and flexible (Cavaiola & Colford, 2018, pp. 39)

A Trauma-Informed Approach = Competent Crisis Response



- **Safety:** *Developing protocols and crisis settings and activities that ensure physical and emotional safety (seek to understand from perspective of those served)*
- **Trustworthiness:** *Developing clear expectations about what will happen when people in crisis reach out for help*
- **Peer Support:** *A key vehicle toward establishing safety and hope, building trust, enhancing collaboration, and promoting recovery and healing*
- **Collaboration:** *Crisis service providers, consumers, and their families*
- **Empowerment:** *Using individuals' strengths in the development of a post-crisis plan*
 - **Choice:** *Informing people about their options and giving them the freedom to select their approach*
- **Cultural, Historical, and Gender Issues:**
 - *Move past cultural stereotypes and biases*
 - *Leverage the healing value of traditional cultural connections*
 - *Be responsive to racial, ethnic, and cultural needs*
 - *Recognize and address historical trauma*

Peers are the Key that unlocks the Potential of Crisis Care



<u>Common Themes in Elevated Stress Response</u>	<u>Potential Ways to De-Stress Crisis Response</u>
Threat of Social Evaluation (e.g., public speaking)	Safety, Trustworthiness , Dignity and Respect
Lack of Control over Outcomes	Collaboration, Empowerment, and Peer Support
Unpredictability	Information Sharing and Peer Support
Perception of Things Getting Worse	Trustworthiness and Peer Support
No Frustration Outlets (e.g., hobby, exercise, etc.)	Peers Connecting to Local Support Systems
Low Social Support (e.g., rejection)	Peers Connecting to Local Support Systems

Crisis Response and Diversion Planning?

Lessons Learned

- The solution is **not** always more inpatient beds!
- Stabilize crisis in the **least-restrictive** setting possible (which also tends to be the **least-costly**)
- **Governance and payment structures** to incentivize these programs and services
- **Data-driven and values-based** decision-making and continuous quality improvement
- Stakeholder **collaboration** across silos
- **Culture of:**
 - **NO WRONG DOOR**
 - **“Figure out how to say YES instead of looking for reasons to say no.”**



NASMHPD

Transformation Transfer Initiative Application
(Proposals Due to NASMHPD by November 5, 2021 at 5pm ET)

Introduction

In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs.



Federal Law Supports Funding the Entire System



“Use of 9-8-8 funds.--A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State ... is expected to incur that are reasonably attributed to—

- (A) ensuring the efficient and effective **routing of calls** made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
- (B) **personnel and the provision of acute mental health, crisis outreach and stabilization services** by directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.”

“the fee or charge is held in a sequestered account to be **obligated or expended only in support of 9-8-8 services, or enhancements of such services**, as specified in the provision of State or local law adopting the fee or charge.”

S.2661 - National Suicide Hotline Designation Act of 2020
116th Congress (2019-2020)

LAW Hide Overview X

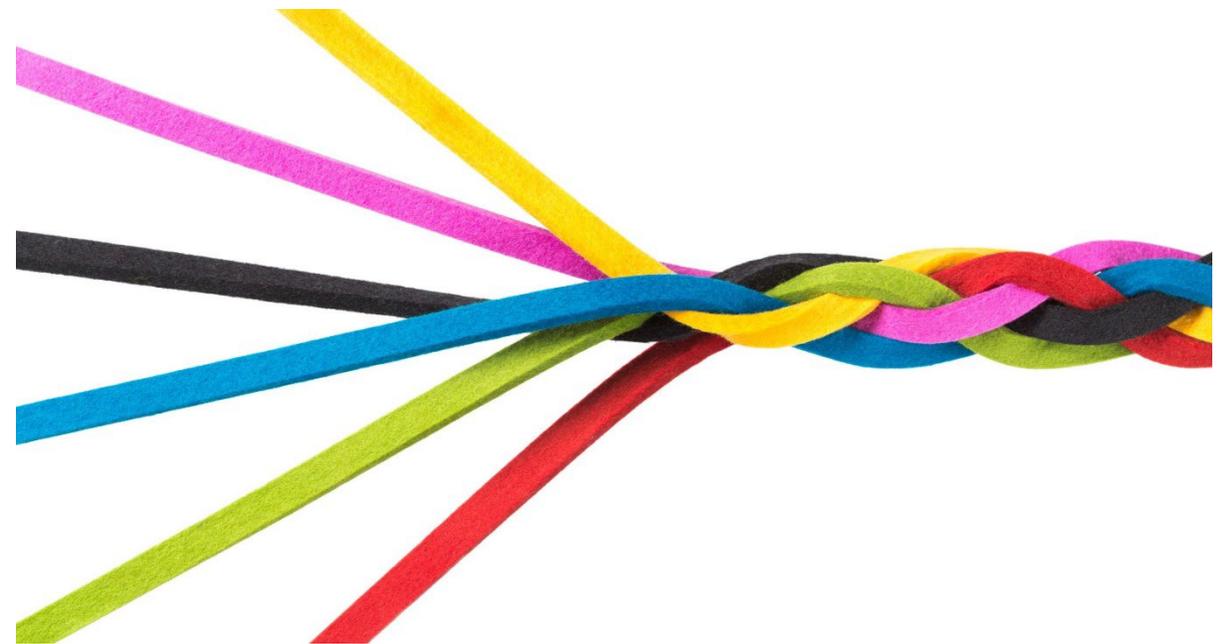
Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation

Financial Sustainability: Braided Funding Strategies



- **Medicaid**
- **SAMHSA Block Grants**
- **Discretionary Grant Funding**
 - Vibrant Capacity Building Grant
 - Vibrant State 988 Planning Grant
 - SAMHSA 988 Cooperative Agreement
- **American Rescue Plan Act Funds**
 - Including Home and Community Based Funds
- **988 fee similar to 911?**
- **Medicare? Commercial Insurance?**





BDDS/DDRS Update

Holly Wimsatt, Director, BDDS

Kyle Ingram, Director, Policy and Strategic Initiatives, DDRS



INARF Forum August 26, 2022

Kyle Ingram

Director of Policy and Strategic Initiatives, DDRS

Holly Wimsatt

Director, BDDS





The Path Forward & Waiver Redesign

- Enhance Case Management and System Navigation
- Improve Team Dynamics through Shared Outcomes and Communication
- Focus on Key Supports to Build Independence





Enhance Case Management - Focus on Quality

- Case Management Quality Guide
- Person-Centered Individualized Support Plan (PCISP)
- Case Management Certification
- Revision of Case Management Service definition





Improve Team Dynamics

- System Consolidation Project
 - Improved Choice List for individuals and families
 - Enhanced experience for Case Managers as they create service plan components as part of the PCISP
- Feedback from Individuals & Families
- Shared Understanding & Outcomes
 - Provider Training
 - Living Well
 - Front Door Experience





Key Supports to Build Independence - Community Living Options

- Institutional Modernization
- Money Follows the Person (MFP)





Key Supports to Build Independence - Innovative Services & Supports

- Competitive Integrated Employment
- Remote Supports





Key Supports to Build Independence - Enhance Waiver Services & Structures

- Service Definitions
- New Services
- Self-Directed Option
- Additional 1915(c) Waiver
- American Rescue Plan (ARP)





DDRS\BDDS & ARP Activities

- 2022 Q1
 - Quality On-Site Provider Reviews
 - Innovation Collaboratives & Employment Network Cohorts
 - Open Future Learning
- 2022 Q2
 - Employment Innovation Pilots
 - Launch of 14c Transition Learning Collaborative
 - Announcement of 14c Pre & Post Transition Grant Opportunities
 - Grants to build and strengthen self-advocates network
 - Pilot & Grant Opportunities for innovative approaches
 - Begin development of behavioral services technical guide
- 2022 Q3
 - Address Incident Reporting System enhancement
 - Address Provider application process
 - Begin research on how to improve communication & marketing
 - Announcement of state hospital transition pilots





Innovation Pilot Projects

- Phase 1
- Phase 2
- Inform waiver redesign
- Explore existing recommendations from 1102 Taskforce





1102 Taskforce\HEA 1075 Subcommittees

- DSP Training
- Incident Reporting
- CIH Waiver\Special Service Review Team





HEA 1075 Committee - DSP Training

- Establishment of a Statewide Training Curriculum
- Feasibility of establishing training certification
- Feasibility of establishing a training registry
- Feasibility of a pilot project to implement any recommendations





Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #1

Establishment of a minimum standardized statewide training curriculum for individuals who provide supports and services to individuals with I/DD

- Should be made available or administered by the state in multiple modalities
- Required annually where the DSP receives a certificate of completion
- Training should be a billable activity





Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #2

Establishment of a tiered direct support professional training certification process.

- Should include macro and micro credentials
- Should be tracked in a statewide registry that is accessible to FSSA, providers, and direct support professionals that also integrates with the vendor's training system





Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #3

Establishment of a direct support professional training registry

- Should include base training (recommendation #1) as well as tiered training (recommendation #2)
- Should be searchable by name and accessible to FSSA and providers
- Should integrate with training modules for real time training results





Direct Support Professionals Training and Curriculum Subcommittee

Recommendation #4

Design and launch a pilot project to evaluate the accessibility, reliability, and usefulness of the system and identify one or more approved vendors to develop and administer the training for direct support professionals.

- The state should release a RFP where the selected vendor(s) should develop the training curriculum, infrastructure, timeline, registry integration, and pilot testing strategy.





HEA 1075 Committee - Incident Reporting

- To be distributed by BDDS to each authorized provider
- To provide to each authorized service provider the name of each direct support professional who has been the subject of a substantiated incident report





Incident Reporting Subcommittee

Recommendation 1: The State of Indiana (specifically, the Bureau of Developmental Disabilities Services (BDDS)) should manage the process of incident reporting, including activities associated with:

- (1) developing an intake process for DSPs which includes personally identifiable information (including legal name, date of birth, social security number, driver's license number, or state ID number);
- (2) review the provider investigation and determine what, if any, additional investigation or follow up is needed;
- (3) actions (when substantiated and as determined appropriate) being available on an accessible registry (including a status of "Substantiated – Within Appeals Window" and "Substantiated – Final"); and
- (4) ensuring an appropriate appeal process that is timely and implements clear parameters for substantiation and registry inclusion.





Incident Reporting Subcommittee

Recommendation 2:

- The current definition of an incident is sufficient.
- BDDS should provide clear guidance on what constitutes addition to the registry based on level of severity of substantiated incident.





Incident Reporting Subcommittee

Recommendation 3:

- The State should develop a DSP registry that includes substantiated incidents available at the individual DSP level and includes individual identifiers (example: legal name, date of birth, social security number, driver's license number, or state ID number).
- The state should provide clear guidance on what constitutes addition to the registry based on level of severity of substantiated incident.
- The DSP registry should be made accessible to FSSA staff and BDDS providers as a report for each DSP with a substantiated incident.
- In the event that an appeal finds that an incident is unsubstantiated, an individual's name will be removed from the DSP Registry.





CIH Waiver\Special Service Review Team Subcommittee

- Review current trends related to health and safety requests for the Community Integration and Habilitation (CIH) Waiver and any other service; and
- Make recommendations regarding the feasibility of the division establishing a pilot program to create special service review team\s to assist families or individuals in a crisis situation to identify available resources and sources of assistance.





CIH Waiver\Special Service Review Team Subcommittee Recommendations

Recommendation 1:

The Division should establish a Special Service Review Team pilot to review certain requests for the CIH Waiver under the Health and Safety category and consider the circumstances of the applicant, collect data, and provide evaluative information that can be applied at the systems level to the Division.



CIH Waiver\Special Service Review Team Subcommittee Recommendations

Recommendation 2: The Special Service Review Team, as part of the pilot, will provide a report every quarter regarding identified benchmarks.

Recommendation 3: As part of the pilot, the Special Service Review Team should be a multidisciplinary team and members should be paid.



HCBS\ARPA Activities

- Open Future Learning
 - 8 providers starting subscription in September with stipends
 - 347 DSPs
 - Approximately \$64,000 in stipends
 - 21 additional providers have submitted requests for subscriptions and are in the review process
- Innovative Pilot Projects
 - 26 Phase 1 applications have been received
 - Deadline for submitting Phase 1 application is September 30
- Incident Reporting





Employment Collaboratives



Employment Collaboratives

- Employment Transformation Collaborative
 - 23 providers currently delivering pre-vocational services in a facility setting (sheltered workshop) and exploring or planning for transition
- Leadership Network on Employment Innovation
 - 10 providers who have already transitioned away from sheltered work and are ready to explore innovative service delivery leading to CIE



Cohort Participation



Cohort Participation

- 12-month Commitment to Cohort
- Quarterly Virtual Meetings
- In-Person Meetings (Twice Annually)
- Onsite Training & Technical Assistance
- Webinars and other Virtual Training Offerings
- Work to support 4 individuals in your facilities in achieving Competitive Integrated Employment outcomes



Participation Commitment

- Each cohort member ensures Core Team presence at each scheduled Virtual or In-Person meeting
- Ensure full buy-in and participation from agency staff during Onsite Trainings and Technical Assistance
- Take advantage of opportunities to provide feedback within cohort setting and contribute to content shared at cohort meetings



Participation Stipends

- \$50,000 per year Participation Stipend
- Stipend honors time and commitment to cohorts
- One-time payment, contingent upon 12-months of active participation
 - Prorated repayment of stipend for a provider not meeting minimum participation expectations
- Encourage tracking expenses, but DDRS not reviewing ledger



Snapshot of Next 6 Months



Next 6 Months

- July – October: TransCen conducts listening sessions
- August – December: First grouping of Value Stream Mapping
- Early September: Quarterly Meeting
- September: Outline Transformation Grant Process
- Late October or Early November: First In-person Meeting
- December: Listening Session Report Completed



Listening Sessions

- Three sessions with individuals receiving facility pre-vocational services
- Three sessions with families of individuals receiving facility pre-vocational services
- Listening sessions will be 90 minutes each and virtual
- Summary report will be created by December 2022 to inform Employment Collaborative programming



Value Stream Mapping

- Focus of Year One of the collaboratives
 - 2 day initial visit (Current and Future State Map)
 - 1 day follow-up visit (Implementation Planning)
- Essential technical assistance supporting transition/transformation planning
- First group of 6 Employment Transformation Collaborative members receiving value stream mapping through Dec 2022



thank you!





Association & Industry Updates

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

2022 Pre & Annual Conference: **NEW** this year

- ✓ Reappearance of the Indiana Lt. Governor, Suzanne Crouch to Recognize INARF Annual Award Recipients
- ✓ 30 Diverse Educational Sessions allowing room for...
 - 1 Dynamic Postnote Closing Session -
Feel of Envision: You Don't Need Light to See Your Way
Lonnie Bedwell, Extreme Sports Athlete
 - 4 Chances to WIN a Fabulous Door Prize
- ✓ Newly Designed Expo Hall Featuring 47 Exhibitors
- ✓ Live Entertainment for the Wednesday Night Reception
- ✓ And much more...



~ Early Bird Deadline August 31 ~
Register today by scanning the QR code or visit
www.inarf.org/2022_annual_conference.html

2022 DSP Virtual Conference – September 13

Line-up -

Opening Keynote: Advocating for Effective Public Policy Reform: It's Time for Direct Support Professionals to Take the Lead

Kim Dodson, Chief Executive Officer, The Arc of Indiana

Permission to Pause: Nourishing YOU Through Mindfulness

Shannon Speaks, Social Worker, Emotional Fitness Coach, Mindfulness Teacher, Nourish C&C, LLC

Shifting Your Perspectives from Direct Support Professional to Frontline Supervisor

Monica Robinson, DSP Workforce Consultant and Certified Person-Centered Trainer

Self-Care: Perception, Your WHY, and the Pursuit of Happiness

Kelly Hartman, President & CEO, insights/ViaQuest Community Solutions

2022 DSP Series Generous Sponsors



Leadership Academy: Class of 2023

- October 4 & 5 - Curriculum Unveiling at the Pre & Annual Conference
- October 10 - Call for Applications
 - ✓ The Academy will be offered at the Embassy Suites by Hilton Noblesville Conference Center; will meet four times a year (March, April, May and June), with each session lasting two full days; and Graduation to occur during the June INARF Member Forum.
- October 28 - Applications due (limit 1 per organization)
- December 1 – Applicant Notification

Annual Membership Renewal Campaign

The Process –

- October 13 – Pre-populated Renewal Commitment Forms (Email)
- November 3** – Renewal Agreements Requested Return
- December 16 – INARF Member Forum will include a drawing for an INARF Annual Conference Package for all timely renewal commitments. The package includes 1-Full Annual Conference Registration (\$289 value), and 1-Overnight Hotel Reservation at the Embassy Suites by Hilton Noblesville (\$161+).

Thank you in advance!

INARF is deeply saddened by the passing of Congresswoman Jackie Walorski, Zach Potts and Emma Thomson.

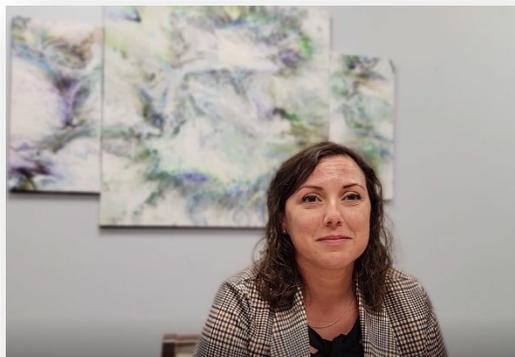
In 2020, INARF honored Rep. Walorski as our Advocate of the Year in recognition of her and her staff's attention to the unique issues impacting the I/DD community during the COVID-19 pandemic.

Our thoughts are with the Congresswoman's family as well as the Potts and Thomson families.



INARF team members recently visited:

- Southern IN Resource Solutions, Inc.
CEO/President, Cheryl Mullis
- Janus Developmental Services, Inc.
President/CEO, Yolanda Kincaid
- The Arc of Greater Boone County
Executive Director, Pam Verberg
- Wabash Center, Inc.
CEO, Jason McManus



The 1102 Task Force adopted the following recommendations:

DSP Curriculum and Training

- Recommendation #1
 - Develop and vet a standardized, competency-based training DSP curriculum
 - The training
 - Should not replace person-centered individualized training
 - Should be a billable activity to cover the cost of administering the training, and DSP time
 - Should be offered in multiple modalities including web-based, in-person, and via smart phone
 - Successful completion of the training is an 80% passing score

The 1102 Task Force adopted the following recommendations:

DSP Curriculum and Training

- Recommendation #2
 - Establish a tiered DSP training certification process
 - Certifications should include degrees, trainings, or credentials and should be stackable and provide specialized training for career growth
 - Certifications should be tracked in a statewide training registry, available to FSSA, providers, and DSPs that integrates with the Curriculum training system for real-time updates and documentation

The 1102 Task Force adopted the following recommendations:

DSP Curriculum and Training

- Recommendation #3
 - Develop a statewide training registry to track activities and certifications of DSPs
 - Trainings and certifications should be portable for DSPs across providers and settings
 - Registry should be codified in Indiana Code by the Indiana General Assembly

The 1102 Task Force adopted the following recommendations:

DSP Curriculum and Training

- Recommendation #4
 - Design and launch a pilot project to evaluate the accessibility, reliability, and usefulness of the system
 - Develop and administer a training by one or more approved vendors
 - A report should be given to the Task Force on the pilot no later than July 1, 2024

The 1102 Task Force adopted the following recommendations:

Waiver Trends and Supports (Emergency Waiver)

- Recommendation #1
 - Establish a Special Service Review Team pilot to
 - Review requests for CIH waiver under the Health and Safety category
 - Consider the circumstances of the applicant, collect data, and provide evaluation information to the Division
- Recommendation #2
 - Special Service Review Team pilot will provide a report every quarter regarding identified benchmarks and application reviews

The 1102 Task Force adopted the following recommendations:

Waiver Trends and Supports (Emergency Waiver)

- Recommendation #3
 - Special Service Review Team should be a multidisciplinary, paid team
- Recommendation #4
 - DDRS should review the age of the caregiver criteria and potentially eliminate it as a priority
- Recommendation #5
 - Change the age of the caregiver criteria
 - Special Service Review Team should create a rubric for approving emergency waiver applications

The 1102 Task Force adopted the following recommendations:

Incident Reporting

- Recommendation #1
 - BDDS should managed the process of incident reporting including
 - Develop an intake process to gather personally identifiable information for DSPs
 - Review provider investigations and determine if additional investigation is needed
 - When determined to be substantiated, determine whether actions are “Substantiated – Within Appeals Window” and “Substantiated – Final”
 - Create an appeals process to ensure clear parameters for substantiation and registry inclusion

The 1102 Task Force adopted the following recommendations:

Incident Reporting

- Recommendation #1 (continued)
 - BDDS should managed the process of incident reporting including
 - Create an appeals process to ensure clear parameters for substantiation and registry inclusion
- Recommendation #2
 - State should provide clear guidance on what constitutes addition to the registry based on level of severity of substantiated incident

The 1102 Task Force adopted the following recommendations:

Incident Reporting

- Recommendation #3
 - State should
 - Develop a DSP registry of substantiated incidents
 - Provide clear guidance on what constitutes addition to the registry based on the level of severity of substantiated incidents
 - Registry should be made accessible to FSSA staff, BDDS providers as a report for each DSP with a substantiated incident
 - If the appeal finds the incident is unsubstantiated, the name will be removed from the DSP Registry

- As we near the end of the Federal Public Health Emergency, CMS and FSSA are working to “unwind” many of the flexibilities that were put in place to assist providers during the pandemic.
- This is for your organizations use to print off and fill out as information is made available from CMS and FSSA.
- Courtney will update the unwind tracker, and the updated version will be posted in the On-Line.

Open Future Learning Grant Opportunity Demo

- Training modules from Open Future Learning are meant to assist providers and DSPs in building knowledge and skills by exploring a variety of ways to support and address areas of outstanding need among Hoosiers receiving HCBS services.
- On July 15th, DDRS presented a walk through of the Open Future Learning Website for INARF's members. The video is available on the INARF Member Portal, along with an FAQ sheet provided by DDRS.

- BDDS must ensure that service providers approved under Indiana's Home- and Community-Based Services waivers or a community residential facility (e.g. supervised group living) have policies and procedures to address all types of emergency situations.
- [The Provider Emergency Plan policy \(BDDS 2022-08-R-001\)](#) outlines the requirements for providers who are approved for supervised group living, residential habilitation-hourly, residential habilitation-daily, structured family caregiving, and participant assistance and care.
- For more information:
 - [DDRS Policies webpage](#)
 - BDDS.Help@fssa.in.gov

- FSSA continues to send INARF information to share with individual providers as they run reports and analyze progress. INARF shares this information with providers' leadership and offers a connection to further assistance.
- EVV “Go Live” is January 1, 2023
 - 4 months
 - Financial Management Section update from OMPP is on INARF website: [Here](#)
- Sandata is hosting alternative EVV vendor town halls for home health
 - Aug. 15
 - Sept. 8
 - Sept. 27
 - See bulletin for registration: [Here](#)

Thank You to our PAC Contributors!

Rick Adams	Kelly Hartman	Nikki Priestly
Jim Allbaugh	Kristy Hayes	Colleen Renie
John Barth	Stan Keeps	ResCare PAC
Debbie Bennett	Yolanda Kincaid	Kenneth Rose
BrightSpring Health	Connie Kurtz	Neil Samahon
Karen Brummet	Michelle Leonard-Smith	Kelly Schneider
Patrick Cockrum	Jason McManus	Melissa Sharp
Kay Craig	Jason Meyer	Jim Sinclair
David Dreith	Cheryl Mullis	Katy Stafford-Cunningham
Brian Drogich	Chris Nabors	Pam Verbarg
Donna Elbrecht	Jodi Neighbors	Kelli Waggoner
Nanette Hagedorn	Kathleen Parks	Grant Waggoner
Jim Hammond	Jeff Patton	Melissa Walden
Jessica Hamlyn	Georgia Pomrenke	Allison Wharry
Matt Harrington		Barb Young



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.



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Thank you!

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