



INARF Member Forum

May 26, 2017

Today's Agenda

- Welcome - Jim Allbaugh, Board Chair
- Two Educational/Informational Presentations
 - On Site Health Clinic Model
Donna Elbrecht, President/CEO Easterseals Arc of Northeast Indiana
 - DSP Wage Increase Legislation – Update and Q & A
Jim Van Dyke, INARF Community Services Consultant
- Board Chair Report
- President/CEO and Staff Reports



**On-Site Clinic: Where Health Care
and Social Supports Meet**

Why Health Care Matters to Us

- If the people we serve are not healthy, they cannot reach their full potential.
- Health issues affect an individual's ability to participate in employment opportunities and community activities.
- If our staff members are not healthy, they cannot support the people we serve.



Social Determinants of Health

- Genetics, biology, and health behaviors account for about 25% of population health.
- Remaining 75% is due to social determinants:
 - Social environment
 - Physical environment
 - Health services
- These social determinants are shaped by money, power and resources.

(Source: Centers for Disease Control and Prevention)

Social Determinants of Health

Factors of note for people with ID/DD:

- Income
- Access to health care
- Education
- Social support
- Discrimination
- Access to technology
- Transportation options
- Employment
- Housing
- Access to community activities

(Source: Kaiser Family Foundation)

Social Determinants of Health

On-site clinic can help address some of these issues

- Income
- **Access to health care**
- **Education**
- **Social support**
- **Discrimination**
- Access to technology
- **Transportation options**
- Employment
- Housing
- Access to community activities

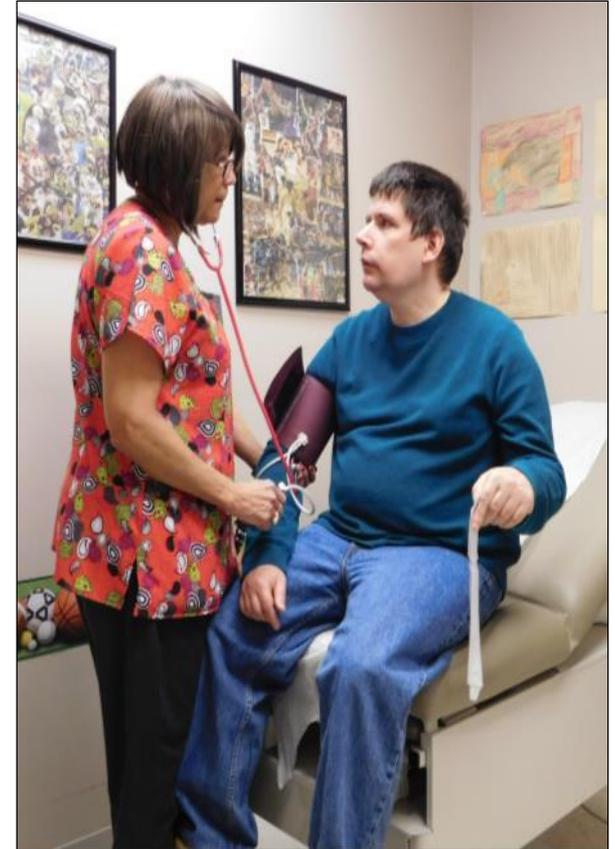
History of Our On-Site Clinic

- Originally operated by Easterseals Arc when it opened in 2014
- Closed in mid-2015 when nurse practitioner left
- Approached both local health networks with idea for partnership
- Clinic re-opened by Lutheran Medical Group in 2016



Role of On-Site Clinic

- Provides care in familiar environment to reduce anxiety
- Has specialized equipment such as special lifts and fully accessible exam tables
- Nurse practitioner takes a holistic approach to health, offering education as well as treatment



Role of On-Site Clinic

Nurse practitioner can:

- Provide on-site exams and physicals
- Diagnose and treat acute conditions
- Order and interpret diagnostic tests such as EKGs, lab work, and x-rays
- Prescribe medications
- Educate consumers and caregivers on disease prevention and health life choices

Improvement in Health Indicators

	No clinic	Clinic at least part of each year		
Metric	2013	2014	2015	2016
# of ER visits (wellness and group home clients)	125	77	62	46
# of ER visits/hospital admissions for dehydration, constipation or seizures	16	14	13	4
# of ER visits/hospitalizations followed by another ER visit/hospitalization within 30 days	39	12	7	2
# of consumers with improved general health (based on # of health-related incident reports for high-risk consumers)	61	45	50	71

Added Benefit for Staff

- Made clinic available to Easterseals Arc staff and dependents in January 2017
- \$25 office visit makes clinic affordable option for those with Easterseals Arc insurance plan
- Other insurance plans also accepted
- Convenience makes staff more likely to take care of their own health needs

QUESTIONS?





Waiver Rate Increase and Wage Hike Mechanics – A Possible Path to Compliance

Jim Van Dyke, INARF Community Services Consultant

- Waiver Services getting rate increase
- Size of the increase
- Overtime and Shift Differential expenses are not included
- A&D and TBI Waivers not included
- Group home services not included
- Notification of projected compensation increase has to be delivered to affected employees within 30 days of state implementation
- Payback required if provider does not meet 75% threshold

- Effective Date
 - Base Period and Test period
 - What to do if a provider has a shared site that includes at least one client with A&D or TBI waiver or has a private pay client or some other funding source
 - Precise definition of what constitutes a direct care staff
 - How to account for provider Waiver expansion or contraction between base and test periods
 - Documentation requirements
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Audit Period	Reimbursement	DC Hours	DC Count	Total Comp	OT Comp	Shif Diff Comp	New Comp
RHS Daily	\$730,000	35,000	219	\$423,500	\$53,025	\$22,094	\$348,381
CHG 4	\$18,000	950	6	\$11,495	\$1,439	\$600	\$9,456
CHI	\$42,000	2,150	13	\$26,015	\$3,257	\$1,357	\$21,401
FHI	\$40,000	2,200	14	\$26,620	\$3,333	\$1,389	\$21,898
FH 4	\$120,000	5,500	34	\$66,550	\$8,333	\$3,472	\$54,746
FH 6	\$80,000	3,750	23	\$45,375	\$5,681	\$2,367	\$37,327
RHS Lvl 2	\$38,000	1,800	11	\$21,780	\$2,727	\$1,136	\$17,917
Transport 1	\$35,000	1,800	11	\$21,780	\$2,727	\$1,136	\$17,917
Transport 2	\$20,000	0	0	\$0	\$0	\$0	\$0
Total	\$1,068,000	51,350	320	\$621,335	\$77,795	\$32,415	\$511,125
New Wage	\$9.95 this is 3 cents above the requirement so no payback						

Items likely needing local decision making and/or further discussion

- Decide in advance who is direct care; do you have drivers or other named employment categories that are likely direct care but titled differently?
- We think it best to keep any salaried employees out of the calculation including front line supervisors who spend a portion of time in direct care.
- Potential supporting Documentation?
- Individual payroll records; Revenue & wage by Service; Revenue sources if mixed waiver site
- What to do about mixed waiver sites

CIH & FSW Waiver Amendments

- DDRS and OMPP are working with the contractor Milliman to complete Appendix I and Appendix J of the required waiver amendments
 - Appendix I is the Financial Accountability section of a waiver application where the State identifies rates, expected expenditures and financial accountability processes.
 - Appendix J addresses cost neutrality including the projected number of participants each year and the projected waiver costs serving the individuals versus serving those individuals in an institutional setting.
- DDRS has also initiated work on the narrative description of the proposed waiver amendments.
- Drafts of the waiver amendments may be completed as early as mid-June.
- This is important timing, since public comment on proposed changes has historically included posting all sections (A thru J) during the public comment period.

Board Chair Report

- Brandi Hamilton, Life*Designs*, Inc. has been appointed by the Board Chair to serve as Co-Chair for the Employment Supports Professional Interest Section.
- We also wish to recognize two long-time INARF leaders and supporters – Nancy Hoffman, President/CEO, Arc of Wabash County, and Clint Bolser, CEO, LOGAN Community Resources.
- We are still exploring options for the July 28 INARF Board meeting to be held at or near the INARF office with an outside summer celebration fun theme.

Board Chair Report

- The Governmental Affairs Committee (GAC) met yesterday. A full committee report will be offered at the Board meeting; however, the GAC has started work on the non budget year 2018 INARF legislative agenda-stay tuned and engaged!
- Managed Health Services (MHS) will be the June Member Forum Presenter and they will speak on the American Healthcare Act (AHCA) as proposed and the impact on individuals with disabilities.

Welcome New Institutional Member ...

[FUTURES Case Management, LLC:](#) FUTURES provides quality Case Management services to individuals on the Community Integration Waiver, the Family Supports Waiver and the Aged and Disabled Waiver. “Now more than ever it is important to have strong advocates for your service providers. Futures is committed to working together, with all providers and state agencies, to provide the best possible services to the individuals we serve” shared CEO, Florence Hobby.

Services: Case Management in 47 Counties across Indiana.



Association Business Activities: INARF 2018 Pre & Annual Conference

➤ The Annual Conference Planning Retreat...

Who, What, Where and What Now –

- 12 TPD Committee members and 3 INARF staff participated in the 2-day planning retreat on May 11 & 12
- Save the Date: March 20 - 2018 Pre-Conference; March 21 & 22 Annual Conference
- Theme: “The Future is Riding on Us”
- New Features:
 - Ignite Sessions
 - General Session – Day 2
 - Carnival Extravaganza

Continued Partnership –

Meridian Health Services is committed to “ride” with us for the 6th year as our 2018 INARF Annual Conference Partner.



Association Business Activities: Professional Development, Information Exchange & Networking Opportunities

➤ Upcoming Events ...

- **6/5 or 6/6 – Executive Focus Group Sessions** (Times vary by date/location)
- **7/19 - Business & Industry Section** and the **Ability Indiana Provider Mtg** (10AM – 2PM)
- **7/21 - Community Supports** (10AM-12Noon) | **Employment Supports Section** (1-3PM)
- **7/27&28 – Person-Centered Planning & Individual Support Plan Training**
- **8/10 - Financial Management** (10AM – 12Noon) | **Human Resources** (1-3PM)
- **8/17 - Child & Family Services** (10AM -12Noon)
- **8/30 – Fraud and Embezzlement: Lessons from the Trenches Training**

Refer to the INARF 2017 Upcoming Events At-A-Glance in your handouts for a complete list of events.



Opportunities for the Association to impact Member capacity/capability.

PAC Report

- 2017 Goal is \$16,000
- Individual Contributions : 34
- Total Raised: \$8,178 - 51% of goal
- Your contributions will allow us to thank legislative champions this summer by distributing checks
- Methods for Giving
- Events for Giving





Vice President, Public Policy Report

Legislative Update

- HEA 1102
- GAC Activities

October 27 – Legislative Day

- Board Meeting
- National Speaker
- PAC Luncheon
- Legislative Agenda Rollout

DC Fly-IN

- AHCA
- Federal Lobbyists

HCBS Rule

- May 9 - CMS issued a [bulletin](#) extending the timeline for final approval of state transition plans (STP) to 2019 and for full compliance to 2022
- DDRS HCBS STP quarterly newsletter published May 23 states “DDRS will work with provider agencies to develop provider specific plans to ensure all sites become HCBS compliant by June 2018”
 - We believe this information is incorrect and was drafted before the timeline was extended. We have requested clarification from DDRS.
- Kylee Hope has indicated that DDRS intends to rewrite Indiana’s STP to reflect the extended timeline

HCBS Rule

- **Residential Site Visits**
 - Have been completed
 - BDDS is compiling feedback from staff who conducted visits
 - Providers will likely not receive reports that reflect compliance vs. non-compliance
- **Non-Residential Site Visits**
 - Providers will likely not receive reports that reflect compliance vs. non-compliance
 - Providers will likely receive a report summarizing both positive and negative observations relative to levels of individual choice and community integration.
 - Providers would use this information in their ongoing self-assessment to make changes and adjustments in their policies, programs and supports to promote additional community integration.

Vocational Rehabilitation

- Order of Selection
 - BRS submitted VR portion of the WIOA Unified State Plan without significant revisions
 - INARF and The Arc of Indiana meeting with Secretary Walthall on May 31 to discuss our comments
- Career Counseling and Information and Referral Services (CCIR)
 - CCIR sessions should have all been scheduled or completed with Self-Advocates of Indiana
 - If not, email me (sarah@inarf.org) as soon as possible

Vocational Rehabilitation

- Establishment Projects

- INARF has asked BRS if contractors can revise contracts to shift funding from hiring new staff to providing additional training to current staff

- Pre-Employment Transition Services

- Several contractors have requested rate changes due to considerable administrative activities and activities that were determined to be non-billable after rates were initially proposed
 - RSA verbally indicated to BRS that there will be additional billable activities but they have not yet received any official written guidance
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Case Management Innovation Workgroup

- Met May 22 to finalize Phase One recommendations
- Phase One recommendations focus on minor adjustments to priorities within current service definition, orientation and on-going training, caseload, and rate structure.
- Phase One recommendations are being compiled into a report to be provided to DDRS
- June 6 meeting – workgroup will pilot using the new PCISP
- Trainings on PCISP anticipated for CM, BDDS staff this summer
- System-wide trainings anticipated this fall

SGL Workgroup

- Met with Cathy Robinson and Julie Reynolds to discuss member concerns and the future of the workgroup
- INARF memo to members encouraging SGL providers to advertise SGL as a residential option for individuals with I/DD
- State workgroup will reconvene on June 8 and meet quarterly

Administrative Update

- Senate version of AHCA not as advertised
 - House bill has not technically been delivered to Senate due to lack of CBO scoring.
 - 13 Republican Senators led by Sen. Toomey from Pennsylvania are developing the Senate version of AHCA and Sen. Toomey in particular believes the Medicaid spending growth rate for the ABD has been too high.

Administrative Update

- Senate version of AHCA not as advertised
 - The Senate plans no committee hearings or actions on their version of AHCA so the bill will go directly to the floor which will speed up the process.
 - Projecting bill text to be out before the July 4 recess and a vote by July 28 in advance of the August recess.

Administrative Update

- Senate version of AHCA not as advertised
 - The Senate version uses a per capita model for all Medicaid recipients
 - The Senate architects have rejected all discussions advocating for carve outs of certain Medicaid recipients.
 - The expectation is the bill will use 2016 actual Medicaid expenditures as the base year for per capita calculations with annual growth rates tied to the CPI plus an annual factor that can be increased or decreased each year. The target will be 2 to 5% growth rates.

Administrative Update

- Misc. items
 - Rehab Commission reappointments and the development of an Employment First Plan. Ten reappointments and 6 new appointments.
 - No roll back of disability legislation in this Congress; however, there is growing speculation that the HCBS rule compliance extension may turn into public notice of intent to repeal all or part of the regulation and “let the States decide”.

Administrative Update

- Misc. items
 - Bottom Dollar viewing at BIS/Ability Indiana Provider meeting is not an endorsement of the message but the purpose is to educate members so they can respond to what we believe is a gross misrepresentation of Indiana work centers.

Administrative Update

- Misc. items
 - Expanded legislative events participation via PAC
 - June 5 Gargano/Boling meeting
 - DWD/DDRS/LG/INARF meeting on WIOA and Order of Selection related issues and the role of DWD
 - CCIR---IR documentation

Administrative Update

- Misc. items
 - Ability Indiana Cities, Fort Wayne June 8 and Fishers
 - Federal Lobbyist consideration
 - DSPIN Support
 - Finance Committee has begun their annual process of reviewing the dues formulas and several exceptions to the formula



Thank you!

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