

## 2018 INARF Legislative Agenda

### Rate Studies

#### *Case Management Services*

Case Management services are vital to the success of coordinating services for the people INARF Members serve. INARF is committed to ensuring that this vital service is funded adequately, especially given planned updates to the service requirements for person-centered planning and the Person-Centered Individualized Support Plan (PCISP). Case management services have faced significant rate cuts in recent years. In 2005, the monthly rate for case management services was cut. In 2012, case management services experienced additional cuts with the elimination of funding for the annual assessment of individuals.

Currently, the service definition for Case Management services on the CIH and FS waivers is identical; however, the Medicaid reimbursement rates are different. On the CIH waiver, the rate is \$131.25 per one unit per month. On the FS waiver, the rate is \$125.00 per one unit per month. Identical services on different HCBS waivers should be reimbursed at the same rate, so INARF recommends that the rates be equalized immediately.

Although this change would be an important first step, the overarching issue is that the rate will still not be high enough to accommodate the amount of service needed for Case Managers to complete the activities currently included in the service definition and required by BDDS, let alone the amount of service needed to attain BDDS' new vision for a robust person-centered planning process culminating in a PCISP for each individual receiving services through the CIH and FS waivers.

New rates for case management services must be inclusive of the expanded requirements for person-centered planning and development of the PCISP, in addition to the other activities required for Case Management services. The study should use data from activities completed by Case Managers from January 1, 2018 through June 30, 2018 to determine the average number of hours required for these activities based on billable hours accumulated. Data to be reviewed should include hours required in the development of new PCISPs for individuals new to waiver services, hours required to convert information from PCP, ISP, and other documents into PCISPs for individuals already receiving waiver services, hours required to complete other required activities, and caseload sizes.

#### *Early Intervention Services*

The current early intervention system is not keeping pace with the growing number of children in need of services. In fact, while the number of children needing services grows, the amount of funding per child is decreasing due to cuts in rates. Additionally, with the opioid epidemic and the diagnosis of Neonatal Abstinence Syndrome, more children will be eligible for First Steps services.

Rates for therapy services for the First Steps program were cut in 2002, 2006, and 2010. To date, those rates have not been restored. The results have been the loss of First Steps providers and therapists. Medicaid therapy rates in the First Steps program are approximately

11% less than therapy rates for adults. Due to this variance, the attraction and retention of qualified professional therapists is jeopardized leaving children between the ages of zero and three years old without necessary services to help them thrive.

The findings from rate studies completed in the second half of 2018 could be used to inform the FSSA budget proposal for the 2019 state biennial budget. **Therefore, INARF requests that FSSA do a rate study to determine adequate billing rates for case management and early intervention therapy services.**

### **State Appointments**

#### *Medicaid Advisory Committee*

IC 12-15-33 pertains to the State's Medicaid Advisory Committee. The Committee is tasked with advising OMPP on the administration of Medicaid programs. Included in the list of Members are various trade associations for Medicaid service providers. There is not a disability service provider included among the Committee membership. The absence of a disability service provider leaves a significant gap in the representation of a large segment of Indiana Medicaid service providers on the Committee. Of the \$11 billion total in Medicaid expenditures in Indiana in State Fiscal Year 2017, \$1.2 billion of the expenditures were for waiver services and group homes, including State Plan services. The industry spend is 11% of Indiana's total Medicaid expenditures, yet the disability services industry is not represented on the Committee. A representative from a disability service provider could provide critical insight and feedback to OMPP resulting in better outcomes in the administration of Medicaid programs and services for people with disabilities in Indiana.

INARF supports the inclusion of a representative from the Indiana Association of Rehabilitation Facilities (INARF) as an additional Member of the Committee.

#### *Commission on Rehabilitation Services*

The mission of the Commission on Rehabilitation Services is to assist persons with disabilities in achieving employment and independence. Providers play an integral role in supporting individuals seeking employment as well as in their jobs. Although there is currently a seat for a Community Rehabilitation Provider representative on the Commission, not all CRPs provide the full spectrum of employment services included in the employment system. Therefore, INARF requests the addition of language to IC 12-12-2-3 to include a seat on the Indiana Commission on Rehabilitation Services for a representative for a statewide trade association representing providers of services to people with intellectual and developmental disabilities. By being involved in the Commission's efforts to address the issue of employment, providers will be engaged in policy discussions and subsequent decisions that will impact the work they do with job seekers they serve across the full spectrum of employment services.

### **Employment**

#### *State Use Law*

Since the State Use law was passed in 1976, it has been amended multiple times to reflect changes in state purchasing policies and workforce. The 2018 INARF Legislative Agenda proposes various changes that focus on growing the program, and maximizing the potential for engagement with Ability Indiana, the State of Indiana, and municipalities. Topics include recommendations to improve the efficiency of the program and streamline duties of the State Use Committee. Attached is a prioritized list of proposed amendments to current State Use code.