



Top Priorities for Individuals with Intellectual and Developmental Disabilities 2019-2021

Three priorities:

1) 1102 Task Force Implementation

2) HCBS Waiver Redesign

3) Final rule compliance

***Additional recommendation from FSSA**

4) Agency wide children's HCBS evaluation

The FSSA Division of Disability and Rehabilitative Services is responsible for leading and managing four bureaus, including the Bureaus of Developmental Disabilities Services, Quality Improvement Services, Child Development Services (First Steps), and Rehabilitation Services. Collectively, these bureaus are driven by a vision that all people are empowered to live, love, work, learn, play, and pursue their dreams. To work toward that vision, DDRS focuses on promoting opportunities and cultivating collaborative partnerships with individuals and families, as well as with systems partners including The Arc of Indiana and INARF to support individuals with disabilities and their families to lead full lives.

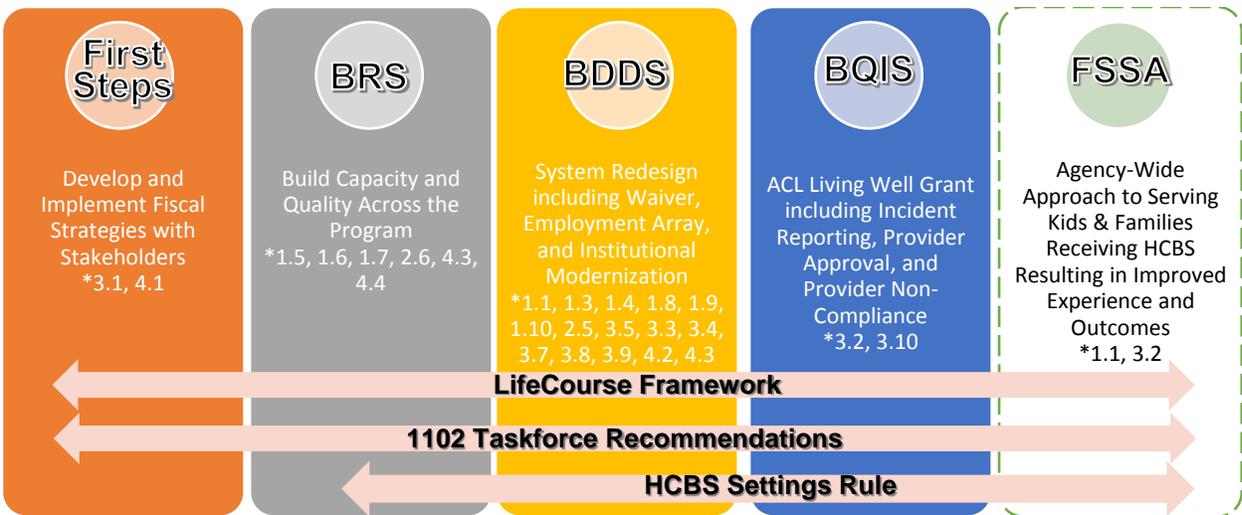
INARF is the principle membership organization in Indiana representing providers of services to people with disabilities. Our members serve over 50,000 Indiana citizens annually and employ nearly 15,000 workers. INARF is committed to strengthening the system of services and supports for Hoosiers with disabilities.

The Arc of Indiana was established in 1956 by parents of children with intellectual and developmental disabilities (I/DD) who joined together to build a better and more accepting world for their children. The Arc of Indiana is committed to all people with intellectual and developmental disabilities realizing their goals of living, learning, working and fully participating in the community.

Background

Indiana's I/DD system engaged in transformational change between 1994 and 2014 by closing all of its large public and private institutional settings and rebalancing the support system to support nearly 17,000 persons living in their family's home; 9,000 individuals living independently through Medicaid home and community waivers; and 3,000 individuals living in 4 to 8 bed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID or "group homes") in local Indiana communities. Within the current system, some managed care funding concepts such as capitated annual service amounts and case management to manage long-term services and supports are embedded. Beginning in 2014, FSSA began to lay the foundation to respond to the new federal CMS Home and Community-Based Settings Rule. Building upon this foundation, in 2018 a task force, known as the "1102 Task Force", assessed the I/DD service system and produced a comprehensive plan to guide I/DD supports and services for at least the next five years.

Continuing on this trajectory of transformational change, DDRS, INARF, The Arc of Indiana, individuals, families, providers, and other systems partners are poised over the next several years to focus on significant systems change that realigns service options and funding with the needs of individuals with disabilities, while working within available human and fiscal resources. To begin this journey, the top (though not only) priorities for each DDRS Bureau are listed below. These priorities are guided by three key themes – fidelity to the LifeCourse Framework, direction from the 1102 Taskforce, and alignment with CMS' HCBS Rule.



*These numbers indicate the corresponding recommendation number from the 1102 Task Force Report

- Waiver Redesign – Impacts approximately 26,000 individuals. Waiver redesign will move to a person-centered/family-driven system that builds an array of services and supports that promotes autonomy, choice and control while balancing health and safety needs of participants. Should improve outcomes for participants enhance coordination of care for individuals and families and increase access to their communities. Directly relates to at least 1/3 of the 1102 Task Force recommendations. May impact DSP workforce crisis. May have financial impact (increased utilization of less intensive care and increased efficiency).
- HCBS Final Rule Compliance – Must be fully compliant by March 2022. Indiana continues working on a state and local-level to meet the transition period and demonstrate compliance. Federal financial participation (FFP) is available for the duration of the transition period, but if not compliant, the state risks the loss of millions of federal Medicaid dollars. All individuals must transition to compliant settings by March 2022. While the transition is difficult, DDRS and providers are working together to improve how individuals experience daily life through HCBS services and meet minimum compliance by March 2022. HCBS compliance is interrelated to waiver re-design. Waiver re-design will serve as a catalyst for continued compliance and improvement of the HCBS rule by designing services to better ensure individuals are integrated in and have access to the greater community.
- 1102 Task Force Plan Implementation – This plan assumed Indiana could make significant improvements within the I/DD system. Achieving waiver redesign and HCBS compliance were considered when drafting the recommendations and, therefore, are both inherent in the 1102 plan. Additionally, the 1102 plan laid out 34 recommendations, including important programs which are not a part of waiver services such as vocational rehabilitation, housing supports, early intervention services, transportation, and others.

Final Thoughts

We believe the priorities listed above should be the primary focus areas for the I/DD system for at least the next 2 to 3 years and will afford individuals with disabilities and their families greater options, access, and control over their services and supports. Focusing on these areas is consistent with the 1102 report furnished to legislators in October of 2018 in response to HEA 1102-2017 requiring a comprehensive plan for I/DD services. The 1102 Task Force traveled around the state over 11 months and heard from hundreds interested in the services and supports for people with I/DD. Managed-care was not discussed at the 1102 Task Force. The recommendations outlined in the report are for a system which does not utilize managed care for people with I/DD in group homes or who utilize waiver services. Additionally, the current system already employs some managed care funding concepts via capitated annual service amounts and case management to manage long-term services and supports.

If managed care were to be considered for Hoosiers with I/DD, the 1102 Task Force is the appropriate venue for this dialogue and stakeholder engagement.