



Member Forum

December 18, 2020

- Welcome - Rick Adams, Chair
- 2021 INARF Legislative Agenda - Katy Stafford-Cunningham and Kelli Waggoner
- Industry Update - John Barth, Katy Stafford-Cunningham, Sarah Chestnut and Phillip Parnell

The next INARF Member Forum will be held virtually on Friday, January 22 from 10-11:30 AM, followed by the INARF Board of Directors meeting from 11:30 AM-12:30 PM.

Friday, January 22	Friday, July 23
Friday, February 26	Friday, August 27
Friday, March 26	Friday, September 24
Friday, April 23	Friday, October 22
Friday, May 21 *No Member Forum	Friday, November 19 *No Member Forum
Friday, June 25	Friday, December 17



2021 INARF Legislative Agenda

Kelli Waggoner, KWK Management Group, LLC
Grant Waggoner, KWK Management Group, LLC
Katy Stafford-Cunningham, INARF

- Projected revenue over the biennium is \$34.95B
- Current State budget over the biennium is \$34.59B
- State will likely replenish the budget surplus by the end of the year through State agency and higher education cuts
- State is continuing 15% agency cuts and 7% cuts to higher education
- Governor Holcomb announced his hope to “at a minimum” restore previous funding levels for higher education

- Medicaid enrollment is up by 200,000 enrollments
- Projected 2022-2023 Medicaid expenses could cost an additional \$475M over the 2020-2021 budgeted amount
- Enhanced FMAP is going away at some point

Regulatory Relief

- Telehealth
 - Extend the use of telehealth for Medicaid services beyond the Public Health Emergency (PHE) and reimburse at the same rates as in-person service delivery
- Liability Coverage for Providers
 - Liability protections for healthcare providers and staff
- Electronic Visit Verification (EVV)
 - Identify and implement efficiencies with State contractors in order to streamline the rollout of the EVV mandate
- Simplification of Day Habilitation Ratio Billing
 - Eliminate the administrative burden of ratio billing for the Day Habilitation waiver service
- Extend the Timely Filing Deadline during the PHE
 - Extend the timely filing limit on claims for services rendered through fee for service (FFS) delivery system retroactive to the beginning of the PHE

History of the Direct Support Professional (DSP) Wage Requests

- 2016
 - Economic Impact Study done by Professor Drew Klacik at IU Public Policy Institute
 - Briefing with Legislative Fiscal Leadership and Staff
 - VoterVoice activation
 - Phased-in approach over 3 budget sessions to get to an average DSP wage of \$15/hour by the end of 2022
- 2017
 - Ask – 5% increase in service rates for DSP-delivered services with a 75% passthrough to wages
 - Total ask was \$10M per year
 - SUCCESS! Included in HEA 1001-2017
 - Raised average Indiana DSP wage from \$10.15/hr to \$11.21

History of the Direct Support Professional (DSP) Wage Requests

- 2019
 - GOAL: Secure funding to raise statewide average DSP wage from \$11.21/hr to \$13/hr
 - Ask: 10% rate increase to DSP-delivered waiver services with an 85% passthrough to wages
 - Total request was \$46.2M over the biennium
 - During crossover we revised our request for the Senate to \$10M per year
 - Outcome:
 - No funding in the House budget – could have been attributed to Co-Chairman Brown sharing leadership
 - Chairman Mishler included \$10M over the biennium in a “bucket” for Home Health Aides, First Steps, and DSPs
 - Stakeholders, Advocates and FSSA said they would prefer the money be appropriated specifically to specific issues
 - \$10M went to First Steps in conference committee
 - Zero money for DSP wages

History of the Direct Support Professional (DSP) Wage Requests

- 2020
 - Met with Chairman Brown and State Budget Agency during Session to discuss funding opportunities for DSP wages
 - COVID-19

2021 GOAL:

\$80,000,000 appropriation

To increase the

Average DSP Wage to

\$15/hour

Where do we start?

- **Timeline**

- Early to mid-January: Governor's budget will be made public
- January-February: Testimony taken on HB 1001 in Ways and Means Committee
- **By February 16: Ways & Means Committee votes on HB 1001**
- By February 22: House votes on HB 1001
- February 24-26: Crossover
- March: Senate Appropriations Committee takes testimony on HB 1001
- By April 15: Appropriations Committee votes on HB 1001
- Mid-April: April Revenue Forecast
- **By April 20: Senate votes on HB 1001**
- April 21-29: Conference Committees
- **By April 29: House and Senate vote on final budget**

Direct Support Professional (DSP) Wages

- **Strategy**
 - December Revenue and Medicaid Forecasts
 - Get in the House budget
 - April Revenue and Medicaid Forecasts
 - Regroup on ask based on Forecasts
 - Multiple fiscal scenarios available
 - Stay in budget during conference

2021 Direct Support Professional (DSP) Wages Issue

- INARF requests the appropriation of approximately \$10,000,000 per year in state Medicaid funding in order to raise the average DSP wage by \$1 per hour to approximately \$12.25
- This is an approximate 4% rate increase on DSP-delivered waiver service rates

Direct Support Professional (DSP) Wages

- What services will be subject to a rate increase?
 - DSP-delivered services in a waiver settings (also know as supported living, day services, residential)

including

Adult Day Services

Prevocational
Services

Residential
Habilitation and
Support

Respite

Day Habilitation

Workplace
assistance

Transportation

Residential
Habilitation and
Support

Participant
Assistance and
Care

Facility-based
Support

Supported
Employment and
Extended Services

Direct Support Professional (DSP) Wages

- What services will NOT be subject to a rate increase?
 - Group Homes (ICF/IID, Supervised Group Living) are NOT waiver settings and are NOT subject to the proposed rate increases

Direct Support Professional (DSP) Wages

- What you might hear and how to respond
 - Legislators are tired of hearing about this issue
 - We understand and appreciate that, however, DSP wages are falling further and further behind Walmart and Target employees.
 - We said in 2016 our goal over the next three budgets was to get to \$15/hr and we have never waived from that
 - What do FSSA and SBA say?
 - We have requested meetings with Secretary Sullivan and SBA separately to discuss our request and their support

Direct Support Professional (DSP) Wages

- What you might hear and how to respond
 - The industry got federal and state fiscal relief during COVID. Why not use that money to raise wages?
 - Many organizations did use it to provide bonuses, hiring incentives, and Hero pay, however, that is one-time funding and is not sustainable
 - Dr. Sullivan said she had a plan to address rates for all areas of FSSA including rate studies. Where is that in the process?
 - Due to COVID-19, that plan has been put on hold and Allison Taylor told the State Budget Committee that will hopefully resume as soon as the next biennium

Direct Support Professional (DSP) Wages

- Talking Points
 - The NEED is \$15 an hour, but we are sensitive to the State's fiscal situation
 - We started on this path in 2016 with the goal of making it to \$15 an hour. That goal has never changed.
 - This crisis is not due to COVID-19. It has been exacerbated by it but was not the cause
 - Medicaid funding is the sole source of funding – no private pay, insurance, or Medicare
 - A typical DSP is a 35 year old single woman with two children
 - DSPs do everything from personal hygiene services to meal prep, job skill training, transportation, and much more
 - Average DSP turnover rate: 51%
 - Average DSP vacancy rate: 23%

Questions?





Thank you!

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Industry Updates

John Barth, Katy Stafford-Cunningham, Sarah
Chestnut and Phillip Parnell

- Vaccine supply is limited, so only hospital staff, nursing home staff, and EMS/paramedicine have received the vaccination scheduling registration link so far
- As more vaccine becomes available and IDOH expands which healthcare personnel are eligible, IDOH will work with FSSA to communicate to our industry
- I/DD provider staff are in Phase 1-A AFTER hospital staff (all), EMS, and nursing home staff.
- All staff with direct client contact are included
- Some providers have received communications directly from their local hospitals regarding the distribution of the COVID-19 vaccine to their “vaccine-eligible employees” through the hospital’s vaccine clinics

- Cannot require staff to be vaccinated
- Encourage/incentivize vaccination
 - Doug Beebe, Benchmark Human Services
- Obtaining consent from individuals supported/guardians

- INARF has requested that members notify us of day services closures
- Approximately 11 members have currently completely closed their day services programs
- In addition to temporarily closing due to COVID positivity, members have reported preventatively closing day services for two weeks after Thanksgiving and Christmas or until January or February
- Two members reported partially closing their day services due to COVID infection/prevention or to shift staff into residential services due to staffing shortages caused by the pandemic
- Poll

- BDDS HCBS Residential / ICF provider relief grants
 - 78 provider organizations (49 INARF Members) received grants
 - Grant awards totaled over \$21 million
 - Submitted proposal to DDRS for use of remaining funds
- BDDS Day Services provider relief grants
 - Submitted proposal to DDRS for use of remaining funds

- Proposals being discussed
 - \$900B includes
 - Stimulus checks
 - Unemployment insurance
 - Ban on evictions
 - Pause on federal student loan payments
 - No money for state or local governments
 - Additional PPP funding
 - Funding for vaccine distribution
 - Earlier this week, HHS began distributing over \$24 billion to providers who applied for phase 3 funding from the CARES Act Provider Relief Fund

- Current Appendix K was set to expire on 12/31/20
- INARF provided input and ideas for additions to the Appendix K changes
- Submission did not include any material changes
- Extension through 2/28/2021 was approved

- Since the beginning of the pandemic, INARF has advocated for greater access to testing for I/DD providers
- FSSA & IDOH partnered to provide COVID testing for congregate residential services providers
- December 17 – Informational webinar
 - Topics discussed include:
 - How to conduct testing
 - PPE necessary to perform the test
 - Reporting requirements
 - Applying for a CLIA Waiver
- There is a limited supply and the tests are most accurate for individuals that are experiencing symptoms
- INARF members who requested tests have started to receive them

- Case Managers continue to discuss alternative support options with individuals and families based on discussion points in the [Rapid Response Checklist for case managers](#) – monthly check-ins for individuals in POCOS will continue
- Residential providers must submit their existing emergency/ contingency plans including any COVID-19 related revisions, communication of plans to individuals and families, and data being collected to monitor service delivery and workforce needs by December 21.
 - DDRS will share general trends/issues/considerations in future provider webinars and plans will be used as a reference document in DDRS' regular contact with providers and/or when providers need for assistance.
- DDRS will then finalize a data request related to monitoring service delivery and workforce needs
- DDRS will incorporate the information received via the Bowen Center workforce needs requests to reduce the amount and type of data they request

- In November, INARF became aware that Ohio's EVV compliance plan included delaying payment reduction for claims without EVV records until summer of 2021. INARF asked OMPP to consider a similar approach.
- During the Critical Issues Forum, Allison Taylor that OMPP will not begin "hard edits" on 1/1/21 as previously planned, so claims will continue to post and pay.
- Unclear how long the payment reduction delay will last
- **DO NOT** pause efforts to implement EVV – it is still required as of 1/1
- ANCOR met with President-Elect Biden's HHS transition team this week and EVV was a key topic
- IHCP issued [BT2020123](#), including an updated EVV implementation policy and FAQs, last week
- The next INARF Community Supports EVV Virtual Meeting will be held Wednesday, January 6, 2-3 PM

- Day Habilitation group claims continue to deny
 - FSSA is working with Gainwell to set up reprocessing of all day habilitation claims
 - Anticipate this will be complete by the end of the calendar year – IHCP communication to come
 - Because these claims are all being reprocessed, providers **will not** need to rebill their previously denied claims.
 - Anticipate some lingering provider claims may deny, particularly if there were ‘banking and borrowing’ hours situations and situations where PA’s spanned across the 7/31-8/1/20 timeframe
 - After the Gainwell reprocessing, providers should be able to bill any ratio of day habilitation they provided against the day hab PA on the CCB, regardless of the PA group size on the CCB
- Group Home Therapeutic Leave Days increased to 180
 - DDRS and OMPP are finalizing details

Thank you INARF Member CEOs for your Advocacy!

- Jim Allbaugh
- Debbie Bennett
- Brianne Boles
- Russell Bonanno
- Crystal Church-Stavitzke
- Donna Elbrecht
- Matt Harrington
- Leslie Green
- Stan Keepes
- Connie Kurtz
- Jason McManus
- Jason Meyer
- Kelly Mitchell
- Elizabeth Nelson
- Rick Thompson
- Danielle Tips
- Pam Verbarg
- Jane Wear
- Allison Wharry

INARF Member CEOs, if you have not yet reached out to your legislator, we request that [you reach out to educate them about the DSP workforce crisis.](#)



Thank You INARF PAC Contributors!

Rick Adams	Russ Bonanno	David Dreith	Kelly Hartman	Yolanda Kincaid	Georgia Pomrenke	Rick Thompson	Barb Young
Jim Allbaugh	Karen Brummet	Mark Flegge	Courtney Heiser	Jason McManus	Kenneth Rose	Angie Tyler	BrightSpring Legacy Fund
John Barth	Shane Burton	Leslie Green	Florence Hobby	Jason Meyer	David Ross	Pam Verbarg	Indiana Mentor
Doug Beebe	Christiaan Campbell	Joy Greeney	Julia Huffman	Kelly Mitchell	Melissa Sharp	Kelli Waggoner	ResCare
Donna Belusar	Sarah Chestnut	Nanette Hagedorn	Teresa Human	Cheryl Mullis	Karen Shollenberger	Grant Waggoner	Tim Madden
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Thank you!

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