

SUPERVISED GROUP LIVING

TOTAL NUMBER OF SGL HOMES PER DISTRICT

Districts	Number of SGLs
District 1	33
District 2	80
District 3	54
District 4	47
District 5	75
District 6	53
District 7	33
District 8	51
Total	426

LICENSURE TOTALS BY DISTRICT

Licensure Level	District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8	
Intensive Training	0	1	5	0	2	5	0	5	
Developmental Training	3	12	10	15	27	15	18	17	
Basic Developmental	27	57	29	29	43	30	15	17	
Extensive Medical Needs	0	6	6	0	3	0	0	5	
Extensive Support Needs	3	4	4	2	0	2	0	7	
CRMNF	0	0	0	1	0	1	0	0	
Total	33	80	54	47	75	53	33	51	426

TOTAL LICENSURE LEVELS

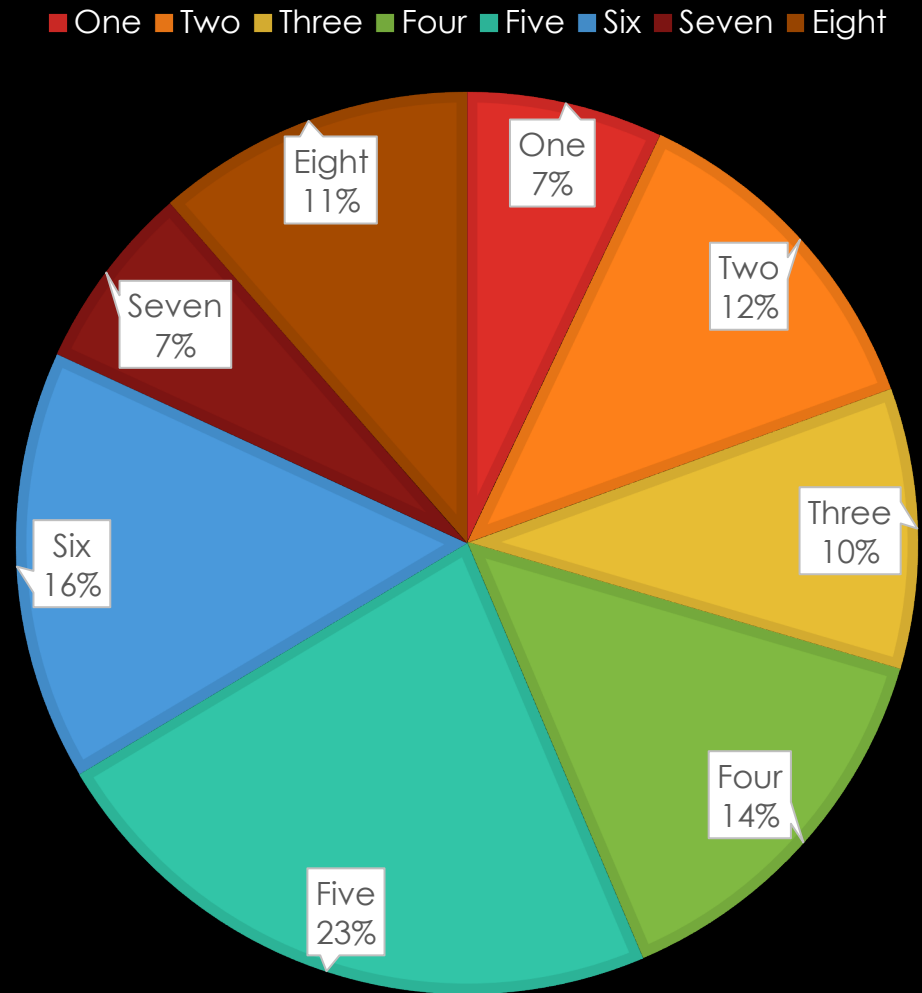
	Licensure Levels		
	Intensive Training	18	
	Developmental Training	117	
	Basic Developmental	247	
	Extensive Medical Needs	20	
	Extensive Support Needs	22	
	CRMNF	2	
	Total	426	

VACANCIES BY DISTRICT & LICENSURE LEVEL

2/13/2024									
	District1	District2	District3	District4	District5	District6	District7	District8	
Licensure Level									
Intensive (6.0)	0	1	3	0	4	3	0	3	
Developmental Training (8.0)	4	1	9	17	27	10	10	10	
Basic Developmental (10.0)	17	34	15	25	37	33	10	17	
Extensive Medical Needs (12.0)	0	1	3	0	0	0	0	4	
Extensive Support Needs (24.0)	0	0	0	0	0	0	0	0	
CRMNF (24.0)	0	0	0	0	0	0	0	0	
Total	21	37	30	42	68	46	20	34	298

GROUP HOME VACANCIES BY DISTRICT

BDDS District	
One	21
Two	37
Three	30
Four	42
Five	68
Six	46
Seven	20
Eight	34
	298



- District Visit Takeaways
- Quality Guide for SGLs
- Fact sheet/FAQ for families/guardians/individuals
- BDS & Provider Expectations
 - How can we improve consistency across the state?
 - How can we improve communication with providers
 - ISPs/BSPs/HRPs etc.
- Creation of a referral checklist for use by BDS SCs
 - Training is being scheduled with all SCs across the state
- IRs will be in a report form that includes follow-up on each incident if applicable (and completed)
- Staffing Levels
 - Review of all collateral
 - Self-care/ADL skills
 - Medical Needs
 - Behavioral Needs

- Referral follow-up
 - Option for meetings with SGL liaison (Ali Dillman)
- Referral Questionnaire
- <https://forms.office.com/g/k8Xr8XYv3u>
 - Needed for better understanding of denials for future of SGL homes (potential for different level homes)
 - Will help Ali and I better understand referral needs for each home

BDS Supervised Group Living Referral Packet Questionnaire

* Required

1. Please provide the individual's HIPAA name *

Enter your answer

2. Please provide the individual's Medicaid (RID) number *

Enter your answer

3. Please select the name of your agency *

Select your answer



4. Please provide the full address of the SGL this individual was referred to *

Enter your answer

5. Is the individual suitable for this SGL? *

☐ Yes

☒ No

6. Which of the following factors are preventing placement - please select all that apply *

☐ Lack of Benefits (Medicaid and/or Social Security)

☐ Gender

☐ Age

☐ Developmental Level

☐ Behavioral Needs

☐ Accessibility Needs

☐ Medication Requirements

☐ Mental Health Needs

☐ Medical Needs

☐ Staffing

☐ The vacancy has already been filled (or will be)

☐ Other

7. Please provide more details as to why the individual would not be suitable for placement in this home *

Enter your answer

8. Is the individual a potential match for a different vacancy? *



Yes



No

9. If yes, please list the address(es) you would like to consider *

Enter your answer

Submit

WHAT'S NEXT?

- Set up calls with providers to further discuss referrals, contact information, and answer any questions.
- SGL quality guide
- Continued Training/Education



Thank you!

If you have further questions, comments or concerns
please don't hesitate to reach out!

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