



Member Forum
February 28, 2025

- **DSP Training Platform Update**

- Kelly Mitchell & Jessica Harlan-York, DDRS
- Raja Reddy & Srikant Devaraj, Syra Health

- **Association Update**

- Nanette Hagedorn, INARF

- **Industry Update**

- Katy Stafford-Cunningham, Andrew Alvarez, Brandi Foreman, & Courtney Scott, INARF
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- A decorative graphic at the bottom of the slide consisting of a thick, wavy line that transitions from a light gray color on the left to a bright orange color on the right.



Home & Community Support Professional (HCSP) Training Services INARF Presentation

February 28, 2025



Agenda

- How did we get here?
- HCSP Training Services Contract Overview
- INARF Provider Survey Results
- Curriculum Objectives, Goals, & Progress
- Learning Management System Progress
- Training Registry Progress
- FAQs
- Q&A



How Did We Get Here

- Indiana Direct Service Workforce Plan
- Direct Service Workforce Advisory Board
- Legislation
- Request for Proposals/Contract
- Timeline
- 460 Changes



Overall LTSS/HCBS Policy Goal

75% of new LTSS members will live and receive services in a home and community-based setting

- Key Result 5: Support the growth, retention and training of the HCBS direct service workforce
 - DSW Plan - Goal: Increase the number of direct service workers by providing support through enhanced wages and benefits through strategic investment in Medicaid reimbursement.



Indiana Direct Service Workforce Plan

Three Priority Areas

- One is Training and Career Development: Establish a standard training to increase training portability and pathways; create efficiencies, uniform values, and quality standards; and reduce administrative and financial burdens.



DSW Advisory Board

- Direct Service Workforce Advisory Board
 - Launched in March of 2022 to ensure that efforts were clearly informed and guided by the perspectives and experiences of those who do this important work.
 - Indiana's Board has been recognized as a model board.
 - Competencies established.



Legislation

IC Section 12-11-16-3(b): The training curriculum established under this section must include a tiered approach to training that consists of the following:

(1) General education and training in providing direct support to individuals with intellectual disabilities or developmental disabilities with the issuance of a certificate upon successful completion of a standardized test.

(2) Specialized subcategories of additional direct support professional training to allow for advanced learning and enable career growth in the provision of direct support services.



RFP, Contract and 460

- As part of the DSW Plan strategies, and in compliance with House Enrolled Act 1342, in early 2024, FSSA issued a Request for Proposal aimed at procuring a vendor to develop and implement a statewide training registry and a tiered training certification program for Indiana's direct service workforce.
- Vendor Syra Health chosen and contract began November, 2024.
- Training program launches by July 1, 2025.
- 460 will be amended for alignment.



HCSP Training Services Contract Overview

Goals

- Standardized, portable HCSP Training Program
- Create efficiencies & quality standards in training delivery
- January 1, 2026: All DSPs are HCSP Certified
- Reduce Administrative Burden
- Support Workforce Development
- Ensure high quality, reliable home and community-based services

Scope









- Foundational Module
- Fundamentals Curricula
- Medication Administration Curricula
- Micro-Credentials
- LMS Implementation
- Public Facing Training Registry
- Customer Support Services
- Quality Assurance & Improvement
- Marketing & Outreach

Timeline

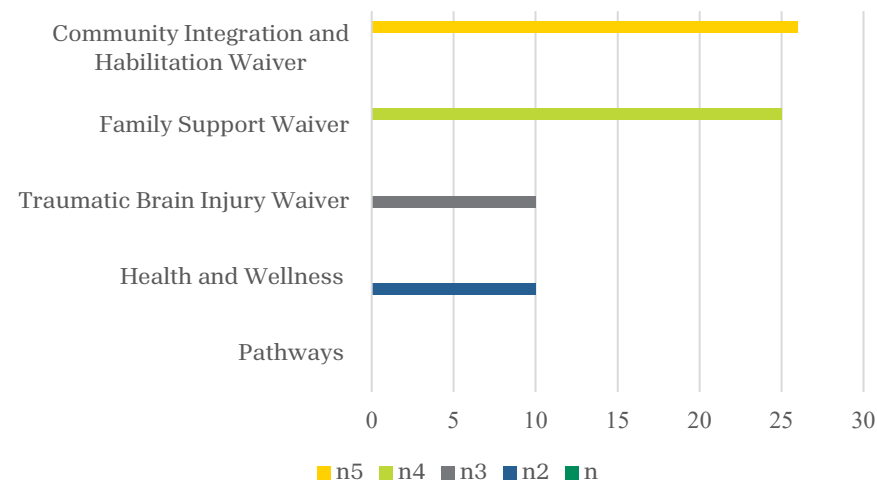
- Contract Award: Nov 2024
- Design, Development, and Implementation
- Nov 2024-June 2025
- Go-Live July 1, 2025
- Maintenance & Operations July 2025-July 2029



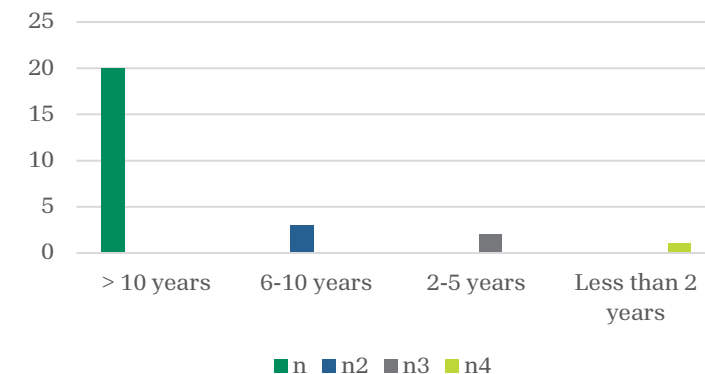
INARF Provider Survey: 26 Participants

-  Executive Directors - 7
-  Chief Executive Officer (CEOs) - 6
-  Vice Presidents - 5
-  Directors - 5
-  Chief Operating Officer (COOs) - 3
-  Coordinators - 2
-  Chief Human Resource Officer (CHRO) - 1
-  Chief Information Officer (CIO) - 1

Types of Waivers



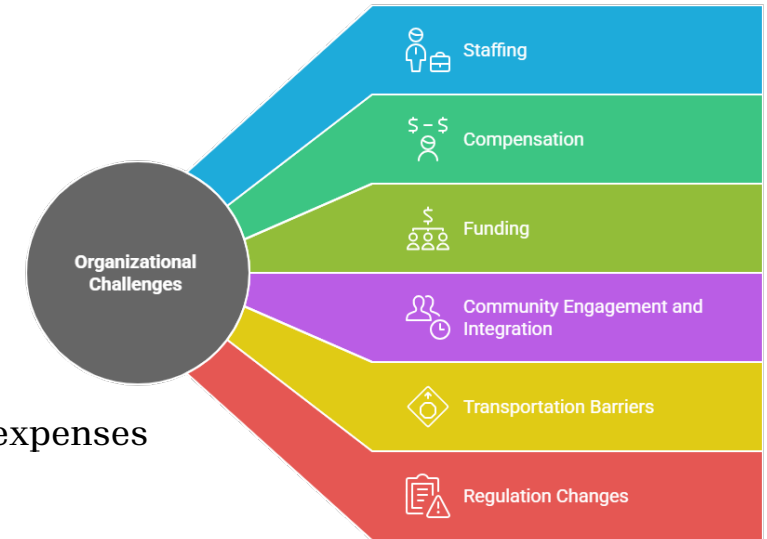
Duration of working with or providing support services





INARF Provider Survey: Biggest Challenges

- **Staffing**
 - Recruiting new staff & retaining current staff
 - Available time for staffing
- **Compensation**
 - Staff pay and compensation
 - Burnout impacting retention
- **Funding**
 - Covering payroll, training, and administrative expenses
- **Community Engagement & Integration**
 - DSPs hesitant to engage in community
 - Insufficient community support
- **Transportation**
 - Reliable and accessible vehicles for community access
- **Regulation Changes**
 - Person-centered individual support plan updates
 - Documentation requirements





INARF Provider Survey: Biggest Training/Knowledge/Experience Needs

Knowledge and
Experience Needs for
DSWs





INARF Provider Survey: Considerations

Training & Development

- Hands-on behavior training with real-life scenarios
- Disability etiquette & communication training
- Managing expectations in caregiving roles
- Teamwork & communication-specific training

System & Platform

- Address computer-based training challenges for DSPs
- Assessment methods beyond multiple choice
- Specific accommodations for language barriers
- Integrate with existing LMS systems

Career Growth & Incentives

- Higher Hourly wages tied to certification levels
- Training grants for overtime coverage
- Wage replacement during training periods
- College credit opportunities

Consistency & Standards

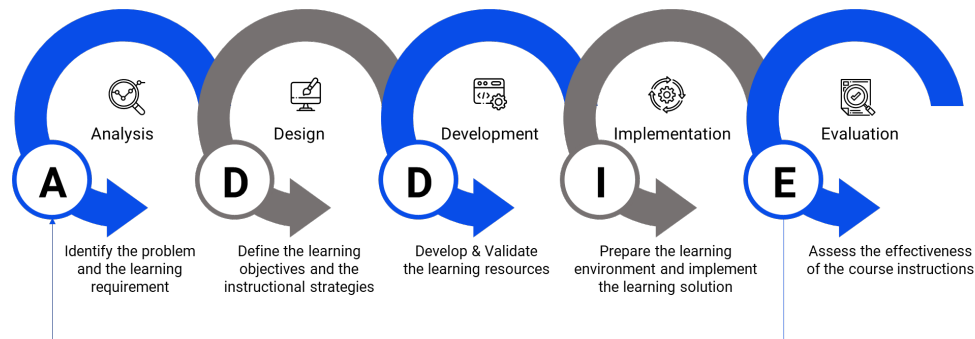
- Standardized new staff orientation
- Portable certification across providers
- Person-centered framework alignment
- Consistent training across all agencies

Additional Support

- Guardian & family training programs
- Life course framework integration
- On-the-job mentorship program
- Test-out options for experienced staff



Curriculum Development: Overview



Curriculum	Training Material	
	Module	Module
Foundational	Module 1 -	Introduction to HCSP Role and Ethics
Foundational	Module 2	Effective Communication in HCBS
Foundational	Module 3	Person-Centered Practices
Foundational	Module 4	Health, Wellness, and Safety
Foundational	Module 5	Community Living Skills and Supports
Foundational	Module 6	Documentation and Reporting
Fundamentals	Module 1 -	Advanced Communication Techniques
Fundamentals	Module 2	Community Inclusion and Networking
Fundamentals	Module 3	Advanced Person-Centered Planning
Fundamentals	Module 4	Health Management and Monitoring
Fundamentals	Module 5	Safety and Risk Management
Fundamentals	Module 6	Cultural Competency in Practice
Medication Administration (MA)	Module 1 -	Fundamentals of Pharmacology
Medication Administration (MA)	Module 2	Medication Safety and Error Prevention
Medication Administration (MA)	Module 3	Administration Techniques
Medication Administration (MA)	Module 4	Documentation and Reporting
Medication Administration (MA)	Module 5	Special Considerations

Foundational

- ~ 8 hrs
- E-Learning
- Assessment

Fundamentals

- ~ 8 hrs
- E-Learning
- Assessment
- Competency Checklist

Medication Administration

- ~ 8 hrs
- E-Learning
- Assessment
- Competency Checklist



Curriculum Development: Foundational

Topic	Content Areas Covered
Introduction to HCSP Role and Ethics	Professionalism and Ethics: Behaving professionally and ethically Professionalism and Ethics: Client rights Professionalism and Ethics: Complies with laws, regulations policies, and ethical codes Professionalism and Ethics: Confidentiality (HIPAA) Professionalism and Ethics: Professional boundaries Professionalism and Ethics: Rights of Home and Community Support Professional Education, Training, and Self-Development: Boundaries
Effective Communication in HCBS	Communication: Communicating with family members Communication: Communication tools Communication: Components of effective communication Communication: Culturally appropriate communication Communication: Effective communication styles Communication: Effective listening Communication: Various forms of communication, including verbal and non-verbal communication or other forms (such as assistive technology) Communication: Understanding individual preferences for communication and being able to utilize their preferred form Cultural Competency: Broad definition of culture Cultural Competency: Cultural awareness
Person-Centered Practices	Person-Centered Practices: Individualized support plans Person-Centered Practices: Learning about people Person-Centered Practices: Person-centered philosophy Person-Centered Practices: Supporting people Person-Centered Practices: Understand that the first priority is to support the goals of the individuals receiving care and how to have all functions flow from that priority Person-Centered Practices: Use of person-centered tools to support skills Person-Centered Practices: Valuing people Empowerment and Advocacy: Rights of the individual and how to support their rights Empowerment and Advocacy: Supports self-advocacy (Doing with, not for), including for various populations

Health, Wellness, and Safety	Health and Wellness: Discuss importance of proper hand hygiene Health and Wellness: Promoting health and wellness Health and Wellness: Providing and defining health services including physical, mental/behavioral, and/or emotional health Health and Wellness: Social determinants of health Health and Wellness: Standard precautions with infection Health and Wellness: Understanding medication assistance support and administration Health and Wellness: What is an allergic reaction and how to respond Oral Health Care Health and Wellness: Basic nutrition Safety: Debriefing and reporting safety incidents Safety: Definition, identifying the signs of (recognizing), and reporting or responding to abuse, neglect, self-neglect and financial exploitation Safety: Dignity of Risk Safety: Falls Safety: Fire, safety, and emergency procedures Safety: First aid and choking Safety: Injury prevention Safety: Medical emergencies (identifying, responding, and reporting) Safety: Potential safety issues related to the client-provider relationship Safety: Typical hazards in the home Safety: What to do when injuries and emergencies happen Crisis Prevention and Intervention: Crisis intervention, as appropriate Crisis Prevention and Intervention: Identify behavior supports to prevent crises and promote health and safety Crisis Prevention and Intervention: Report any incidents, i.e. mandatory reporting
Community Living Skills and Supports	Community Living Skills and Supports: Defining activities of daily living and instrumental activities of daily living, including (if appropriate for the consumer) the importance of employment for community integration Community Living Skills and Supports: Implement and coordinate service plan Community Living Skills and Supports: Providing support - role and responsibility of a Home and Community Support Professional Community Living Skills and Supports: Understanding "Community" not a place
Documentation and Reporting	Evaluation and Observation: Documenting Evaluation and Observation: Emphasis on the person-centered nature of any evaluation and observation-related activity Evaluation and Observation: Purpose and importance of observing and reporting Evaluation and Observation: Recognizing changes in condition and reporting to appropriate resource
Assessment and Conclusion	All areas (comprehensive assessment)



Curriculum Development: Fundamentals

Topic	Content Areas Covered
Advanced Communication Techniques	Communication: Advanced techniques building on foundational skills
	Crisis Prevention and Intervention: Utilize de-escalation strategies to minimize conflict
	Conflict Resolution
Community Inclusion and Networking	Community Inclusion and Networking: Conduct outreach and engagement
	Community Inclusion and Networking: Organize and plans group activities (as appropriate for individual)
	Community Inclusion and Networking: Connecting to community resources
	Community Inclusion and Networking: Support the individual to transition between services, navigate, and adapt to life changes, including moving into a home and community setting
	Community Inclusion and Networking: Encourage and assist individuals in connecting with others
	Community Inclusion and Networking: Assist the individual with developing and maintaining family, friend, neighbor, community relationships
	Community Living Skills and Supports: Supporting Meal Preparation and Menu Planning
Advanced Person-Centered Planning	Community Living Skills and Supports: Role in spending and budgeting
	Person-Centered Practices: Identifies recommended goals and services
	Person-Centered Practices: Making plans personal and tailored to the individuals and their goals
	Evaluation and Observation: Problems, deficits and stressors
	Evaluation and Observation: Assists in identifying personal values, goals and priorities
Health Management and Monitoring	Evaluation and Observation: Assessing strength, personal & family resources, and individual needs
	Evaluation and Observation: Understand assessments and how they are used by care teams
	Health and Wellness: Care implications and conditions
Safety and Risk Management	Health and Wellness: Medications: Monitor side effects, and recognize and prevent dangerous medication interactions
	Safety: Supporting the dignity of risk
	Safety: Assess situations to determine potential safety risks and mitigating those risks where possible
	Crisis Prevention and Intervention: Supporting the identification of risk factors, as appropriate
	Crisis Prevention and Intervention: Monitor, evaluate situations
Cultural Competency in Practice	Crisis Prevention and Intervention: Identifies and connects to resources and services to support individual goals
	Crisis Prevention and Intervention: Supporting the recognition risks, as appropriate
	Cultural Competency: Application of culturally appropriate services
Assessment and Skills Demonstration	All areas (comprehensive assessment and demonstration)



Curriculum Development: Medication Administration

- While some high-level medication-related concepts shall be included in the Foundations and Fundamentals curriculum, some HCSPs will require additional medication administration coursework. This medication administration curriculum shall provide HCSPs with skills to safely administer medications, if needed.
- Medication Administration curriculum shall be delivered through web accessible e-learning modules, classroom modules, or a combination of both modalities. The Contractor shall provide a skills demonstration checklist and an online competency exam.
- The Medication Administration will consist of stand-alone module(s) that can be delivered separately from the Foundations and Fundamentals trainings.
- Not a requirement for the July 1, 2025 deadline.

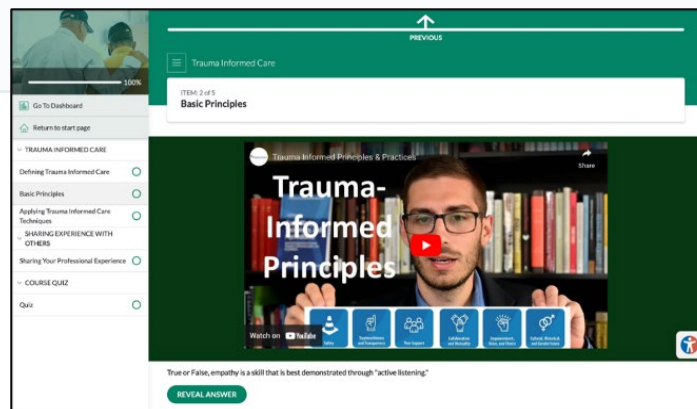


Technological Systems

High-Level Overview

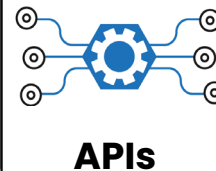
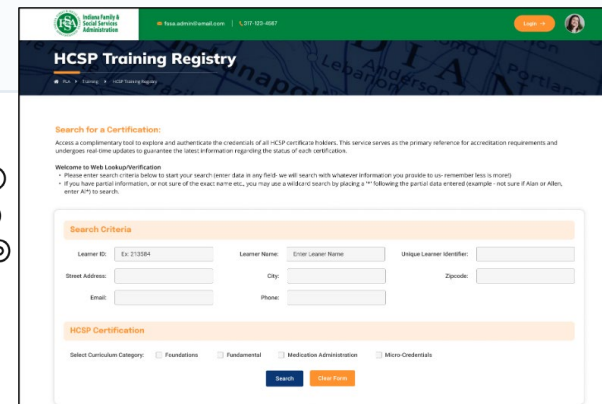
LMS Platform

- 95% Off-the shelf Ready
- Configurable
- Role-based Access
- Audit Features
- Calendar Features
- Pretest and Post-test Features
- Mobility of Transcripts
- Announcement Features
- Help Features



Training Registry

- Public Facing
- Web-based Relational Database
- Precise Tracking & Reporting
- Simple & Intuitive
- Accessible User Interface
- Mobile Responsive
- Robust Search and Filtering Options
- FAQs and Help Resources
- Align with IOTs Information Security Framework



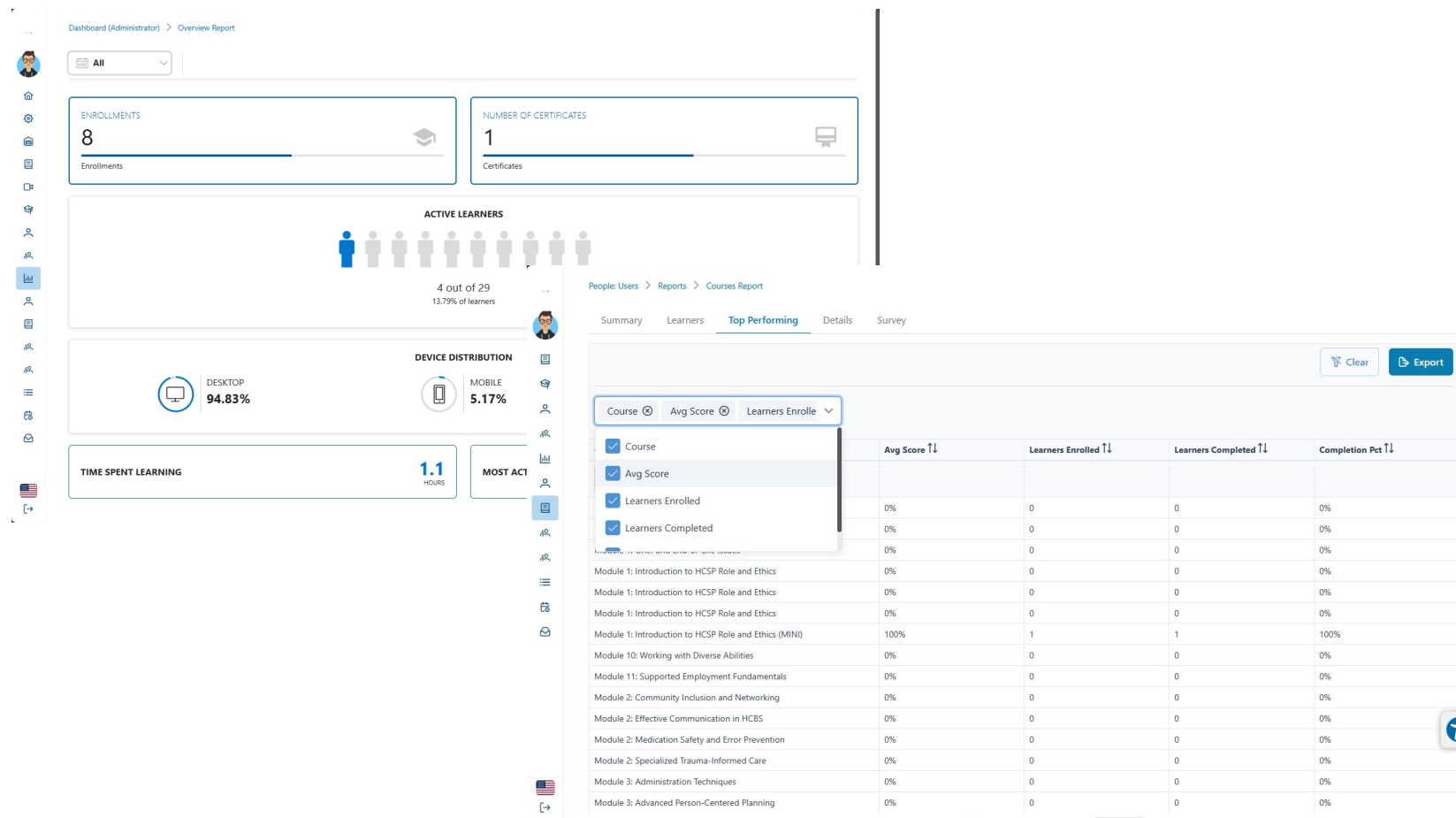


LMS Demo: Provider

- Coordinating training requirements and completion for their specific provider group while ensuring proper documentation
- Provider Group Managers
 - Mid-level administrative role focused on group and learner management
 - Key Permissions:
 - Distribute coupon codes to learners
 - Manage learner accounts within their provider group
 - Enroll learners in required training courses
 - Track completion status and certifications
 - Monitor learner progress and compliance



LMS Demo: Provider





LMS Demo: HCSP

- Completing required training efficiently while maintaining proper documentation of certification
- Home and Community Support Professionals (HCSPs)
 - End users completing required training
 - Key Permissions:
 - Self-registration with provider group affiliation
 - Use coupon codes (if Medicaid waiver provider)
 - Access assigned/required courses
 - Complete training modules and assessments
 - Download certificates of completion
 - Track personal progress





LMS Demo: HCSP

The screenshot displays the LMS demo interface for HCSP. The interface is divided into several sections:

- GREETINGS**: A blue header bar.
- MY COURSES**: A section with filters for 'On Demand', 'Live', and 'External'. It shows three course cards for 'Module 1: Introduction to HCSP Role and Ethics' with progress indicators (100%, 70%, and 94% completed).
- MY CERTIFICATES**: A section showing a certificate for 'Test Module 1: Introduction to HCSP Role and Ethics (MINI)'.
- MY REPORTS**: A section showing 'TIME SPENT LEARNING' with a value of '0.17'.
- Lesson Player**: A detailed view of 'Lesson 3: Professionalism and Ethics' from 'Module 1: Introduction to HCSP Role and Ethics'. It includes a video player showing two people, a list of learning objectives, and a quote at the bottom.



HCSP Training Registry

foss.admin@gmail.com |
 [+1-416-789-4563](tel:+14167894563)

Welcome to the Home and Community Support Professional (HCSP) Training Registry

This registry provides a searchable database of credentialed HCSPs who have completed required trainings to provide high-quality home and community-based services to Hoosiers. Use the search below to verify an HCSP's credential status.

Search Criteria


Provider/Entity Name:

HCSP ID:



HCSP First Name:

HCSP Last Name:

Service Type:



Waivers:

*Note: Please Enter atleast one value

Disclaimer
Please note: This registry provides public verification of an HCSP's credential status only. It is not a hiring platform and does not display HCSP contact information. Individuals needing home and community-based services should contact an enrolled provider agency or their waiver case manager to arrange staffing. Self-directed service participants must continue to hire DSPs through their authorized fiscal intermediary to receive Medicaid reimbursement for services.



FAQs

- The registry provides a public profile of DSPs and their HCSP credential status but is NOT a hiring platform.
- Individuals cannot directly hire DSPs through the registry - all services must still be provided through enrolled provider entities or fiscal intermediaries.
- While credential status is public, DSP contact information WILL NOT be publicly displayed.
- Anticipated Duration of Training—no more than 8 hours in Foundational and no more than 8 hours in Fundamental, as laid out in the scope of work.
- Self-directed services will continue to require DSP employment through fiscal intermediaries for reimbursement.



FAQs continued

- HCSP credentialing is only for the Foundational and Fundamental modules.
- Timeline for Registry: By January 1, 2026, all DSPs are to be registered. Will consider 90 day grace period post January 1, 2026 for currently trained and long tenured DSPs.
- If employed as a DSP prior to July 1, 2025, the DSP has until January 1, 2026, to complete all required curriculums.
- Training concerns coming up in OIG Audit and complaints.
- 460 Draft: Would include statement that in order to be registered with DDRS as a DSP, a DSP must have completed not only this training but comply with all other applicable requirements in this rule and 460 IAC 6.



FAQs continued

460 Draft:

- After initial completion of all the courses in the Foundations Curriculum, Fundamentals Curriculum, and Specialized Medication Administration Curriculum (if applicable), the following timing requirements apply:
 - Between nine (9) months to one (1) year of the first initial completion by the DSP of the Foundations Curriculum, Fundamentals Curriculum and Specialized Medication Administration Curriculum (if applicable), in order to continue providing services, a DSP is required to complete two (2) courses within the Foundations Curriculum, two (2) courses within the Fundamentals Curriculum, and all courses within the Specialized Medication Administration Curriculum (if applicable).
 - Thereafter, every eighteen (18) months to two (2) years after the previous training completion, and throughout a DSP's employment, a DSP is required to complete two (2) courses within the Foundations Curriculum, two (2) courses with the Fundamentals Curriculum, and all courses with the Specialized Medication Administration Curriculum (if applicable), in order to continue providing services.
 - A course from the Foundations Curriculum and Fundamentals Curriculum may not be repeated in consecutive training cycles.



Questions!



To compassionately serve our diverse community of Hoosiers by dismantling long-standing persistent inequity through deliberate human services system improvement.

WWW.FSSA.IN.GOV

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Association Update

Nanette Hagedorn, INARF

Upcoming Events

In-Person Opportunities:



March 4 & 5 | 9 AM - 4 PM (4 Seats Remaining)

Person-Centered Individualized Support Plan Facilitator Training / Easterseals Crossroads (Indpls.)

Gwen Chesterfield

March 28 | 9 - 10 AM, 10 - 11 AM, 11 - 11:30 AM, and 11:30 AM - 12:30 PM

INARF Member Forum Networking Hour, Member Forum, Annual Meeting of the Members, and Board of Directors Meeting

April TBD | Noon - 2 PM

INARF CEO Lunch 'n Learn /

April 25 | 9 - 10 AM, 10 - 11:30 AM, 11:30 AM - 12:30 PM

INARF Member Forum Networking Hour, Member Forum and Board of Directors Meeting

Virtual Opportunities:



March 12 | 9 - 10 AM

Konversations with Katy (CEO Only)

March 28 | 10 - 11:30 AM

INARF Member Forum

April/May/June 3-Part Series

INARF Cost-Based Group Home Medicaid Reimbursement Series

Missy Deeg, Reimbursement Manager, Blue & Co., LLC.

- **Part 1 / April 14** - an Overview of Reimbursement
- **Part 2 / May 14** - a Comprehensive Review of the Medicaid Cost Reporting and Rate Calculations
- **Part 3 / June 18** - Reimbursement Strategies and Resources

April 25 | 10 - 11:30 AM

INARF Member Forum

COMING SOON!

INARF Virtual Learning Series

~ Support Our Artists ~

March 6+ | 4:30 - 6 PM

UIndy Art Exhibit Reception

The University of Indianapolis,

Belong Space Intercultural Center, Schwitzer Student Center

An exhibit entitled *The Space Between* – an art collection including 15+ pieces of art from INARF members on display to the public through June 6.

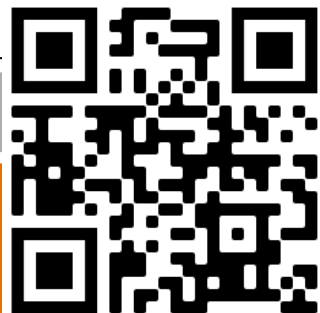
March 7 | 10 - 11 AM

Ability Indiana Indianapolis Airport Art Exhibit 2025

The Indianapolis Airport Authority in partnership with INARF and Ability Indiana, will once again celebrate artists with disabilities with a temporary art exhibit at the Indianapolis International Airport in support of National Developmental Disability Awareness Month and on display through the end of March.



Scan the QR code or go to:
web.inarf.org/2025-event-calendar



Returning and so much more!

2024 Conference for DSP attendee - *“Really enjoyed the speakers and appreciate positivity and praise. Also, THANK YOU so much for the awesome T-shirts, the art is amazing, and the nice cookie at the end!”*

June 24 | Forum Event Center, Fishers, IN

- ✓ Made possible by our 2025 Conference for DSPs Sponsors:



- ✓ Opening with the Costa N. Miller Award Celebration
- ✓ Featuring the popular DSP Educational Track, including 3 self-development sessions
- ✓ Expanding to include a 2nd Educational Track for Front-Line Supervisors
- ✓ Repeating an “awesome” T-shirt Gift for all Attendees (and a Cookie!)

Join us!

✓ March 10 – Costa N. Miller Award - Call for Nominations

An Award and \$1,500 presented to two outstanding human service professionals employed by an INARF Member Organization whose primary responsibilities include direct contact with persons served and who exhibit passionate support and dedication to high-quality support and services to individuals with disabilities.



✓ March 10 – Call for T-Shirt Artwork

An opportunity for any INARF Member to submit Artwork for consideration for the 2025 Conference for DSPs T-Shirt offered to all Attendees.



✓ May 13 – Registration Opens

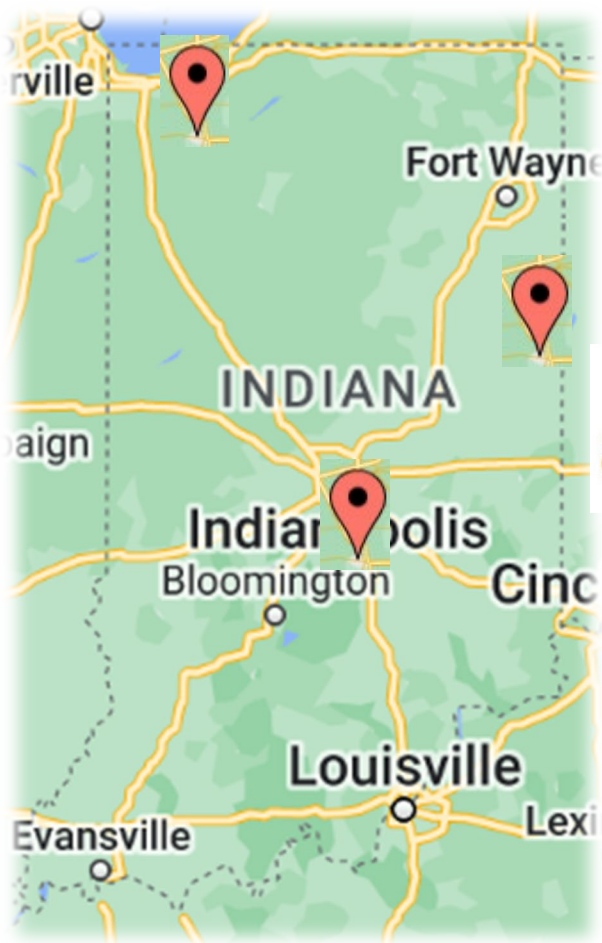
Recent:

- February 5 / Hopewell Center Rise Against Hunger - Muncie
- February 12 / CEO Lunch 'n Learn – Valparaiso
 - ✓ LOGAN Community Resources, Inc.
 - ✓ Marshall-Starke Development Center
 - ✓ Opportunity Enterprises (Host)
 - ✓ Respite Care Services, Inc.
 - ✓ TradeWinds Services, Inc.



Upcoming:

- March 5 / TA Tour @ Janus Developmental Services, Inc. - Noblesville
- March 6/ TA to Emergency Placements Luncheon @ Logan Center – South Bend
- March 13 / INARF Leadership Academy - Class of 2025 Kick-Off - Noblesville
- April 15 / Senior Leadership Orientation @ TradeWinds Services, Inc. - Merrillville
- April TBD / CEO Lunch 'n Learn @ (TBD - SW)



“We Heard You”

Members are our #1 asset, and we strive to LISTEN to suggestions gleaned through casual conversations, email communications, survey feedback ...



"Engage Our Team" - we often hear from Members their desire to get their staff further involved with INARF and "We Heard You". Visits are happening and the calendar is filling up!

Let us know if a visit from INARF with your Senior Management Team, Board of Directors, Program Staff, etc., would be beneficial. We'd love to visit you!

Reminder: 24/7 opportunity to share ["We'd Like to Hear From You!"](#)



Industry Update

Katy Stafford-Cunningham, Andrew Alvarez, Brandi Foreman, & Courtney Scott, INARF

- [IHCP Bulletin 202515](#) states that institutional claims **must include** a valid attending provider.

- The attending provider is the person responsible for the individuals medical care and they must be enrolled with IHCP.

- You can look up a providers NPI number using the [NPPES NPI registry](#).

- QIDPs that meet the following criteria can apply to be an OPR provider

Psychologist	Physicians
Social Workers	Occupational Therapists
Speech pathologists/audiologists	Physical Therapists

- Do not use work-arounds to bypass the attending provider requirement

- [IHCP Bulletin BT202517](#) was released updating CPR/First Aid requirements for HCBS direct service staff. Full guidance is available [here](#).
- Any personnel working with or providing direct care to individuals must have up-to-date CPR training on file *before* rendering services directly to an individual.
- Staff should render CPR **unless**:
 - The individual has a valid designation indicating their preference that CPR not be rendered as a life-saving measure documented in their service plan, and
 - The provider has informed staff working with that individual of the individual's designated preference that CPR not be rendered as a life-saving measure.

- **An individual may designate their preferences for life-saving measures through one of the following methods:**
 - An Out of Hospital Do Not Resuscitate (DNR) declaration that follows the format of state form [SF 49559](#)
 - Must be made voluntarily in written communication
 - Form should be signed by the individual, in the presences of at least 2 competent witnesses
 - Following the signature, the attending physician will verify the individual meets the statutory criteria to qualify for an OH –DNR and issue an OH-DNR order.
 - Must travel with the individual to ensure adherence
 - Can be cancelled at any time

- A Physician Orders for Scope of Treatment (POST) form documented on state form [SF 55317](#) and completed in accordance with [IC 16-36-6](#)
 - Individuals health care professional completes the form
 - Both individual and health care professional must sign the form
 - If there is a health care rep or guardian – they must also sign
 - Must travel with individual to ensure adherence
- An Advanced Directive that includes a valid DNR or POST document
- **A copy of the designation should be provided to all members of the IST including:**
 - Case manager
 - Service providers
 - Providers of non-waiver services as desired by the individual
 - Health care coordination providers
 - Primary care provider
 - Medical specialists providing care or services

- OH-DNR and POST form can be cancelled at any time
 - Ensure communication to relevant parties
- **Case Management Duties**
 - Case managers should facilitate and document the discussion with the individual and the IST regarding the designated preference
 - Documentation should be added as a case note addendum to the individual's plan
 - Notification will be sent to all members of the IST
 - Should be discussed, at minimum, **annually**
 - If individual gives notice of a terminal illness, the case manager should facilitate an IST meeting to discuss individuals desire to designate preferences for life-saving measures
 - If an individual revokes or amends their DNR the case manager will facilitate an IST meeting to discuss current designated preferences

Key Changes in the Proposed HIPAA Security Rule Revisions:

- **Mandatory Two-Factor Authentication (2FA)**
 - Access to systems containing ePHI will require two-factor authentication (2FA), ensuring stronger user verification and minimizing the risk of unauthorized access.
- **Mandatory Encryption of ePHI**
 - Encryption will be required for ePHI where feasible. This reduces the need for entities to assess whether encryption is “reasonable and appropriate,” as encryption is now expected to be the standard practice for safeguarding ePHI.
- **Enhanced Cybersecurity Requirements:**

Stronger network and system defenses	Regular vulnerability assessments
Incident response plans	Vulnerability scanning at least every 6 months – penetration testing at least every 12 months
Access control and monitoring	Protection against ransomware
Third-party risk management	Mandatory audits at least every 12 months

- **Clarified Business Associate Requirements**

- Business associates of covered entities will be held to the same security standards and must implement similar safeguards for ePHI. This includes ensuring that all subcontractors comply with the security rules with an annual verification through a written analysis by a subject matter expert and written certification that the analysis has been performed and is accurate.

- **Detailed Risk Analysis and Asset Inventory**

- Organizations will need to conduct a more thorough risk analysis, including creating an inventory of technology assets and mapping how ePHI moves through systems. This will ensure that ePHI is protected at every phase of its lifecycle. Must be completed every 12 months at minimum.

- **Updated Compliance Deadlines**

- Once the final rule is published, regulated entities will have 180 days to comply with the new standards.

- There have been some questions around pre-voc ratios and flexibility.
- We are exploring options for adding flexibility with the Pre-Voc ratios that would allow more flexibility for individuals and the providers supporting them.

Congratulations!!!!!!



**2025 ANCOR Rising Star Mid-Career
Professional Impact Award**



Federal Updates – Budget Timeline

On or Before:	Action to be completed:
First Monday in February	President submits his budget.
February 15	Congressional Budget Office submits report to Budget Committees.
Not later than 6 weeks after the President submits the budget.	Committees submit views and estimates to Budget Committees. (Frequently, the House Budget Committee sets own date based on Legislative Calendar)
April 1	Senate Budget Committee reports concurrent resolution on the budget.
April 15	Congress completes action on the concurrent resolution on the budget. (This is not signed by the President).*
May 15	Annual appropriation bills may be considered in House.
June 10	House Appropriations Committee reports last annual appropriation bill.
June 15	Congress completes action on reconciliation legislation. (If required by the budget resolution).
June 30	House completes action on annual appropriation bills.
October 1	Fiscal year begins.

- House passed Budget Resolution
- House Energy and Commerce Committee directed to cut \$880B – speculation is that it will largely come from Medicaid cuts
- INARF is reaching out to Members of the Indiana Federal Delegation sharing our concerns and the implications of cutting Medicaid funding



Federal Updates – Budget Advocacy

Indiana has had 2,719 messages sent to their members of congress.

U.S. Senate: 2,198 messages

IN-1: 85 messages

IN-2: 77 messages

IN-3: 138 messages

IN-4: 21 messages

IN-5: 82 messages

IN-6: 24 messages

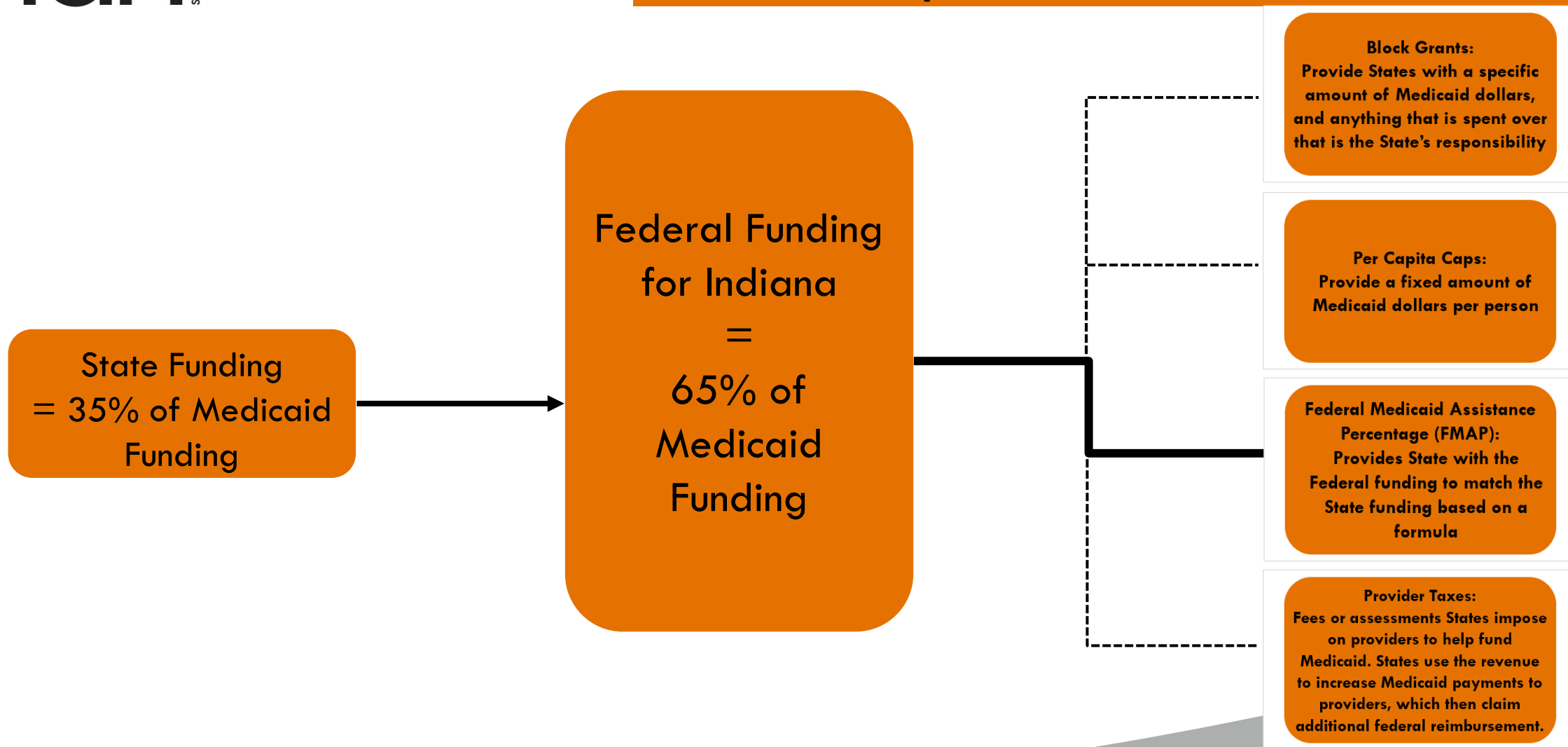
IN-7: 50 messages

IN-8: 14 messages

IN-9: 30 messages



Federal Updates – Medicaid Funding



Block Grants:

Provide States with a specific amount of Medicaid dollars, and anything that is spent over that is the State's responsibility

Per Capita Caps:
Provide a fixed amount of
Medicaid dollars per person

Federal Medicaid Assistance

Percentage (FMAP):

**Provides State with the
Federal funding to match the
State funding based on a
formula**

Provider Taxes:

Fees or assessments States impose on providers to help fund Medicaid. States use the revenue to increase Medicaid payments to providers, which then claim additional federal reimbursement.

- **SB 2: Medicaid matters**
- **HB 1414: ABA therapy**
 - Did not pass, but updated SPA and EO recently released
- **HB 1474: FSSA matters**
 - Provider fee removed
- **HB 1689: Human services matters**
 - SFC changes, new checkpoints for FSSA
- **Full bill tracker: [actionTRACK Report](#)**

State Budget Breakdown

	HEA 1001 - 2023			Governor's Budget Proposal - 2025 (HB 1001 as Introduced)				House Passed HB 1001 - 2025			
Program	Submitted Budget FY24	Submitted Budget FY25	Final Budget Total for Biennium	Submitted Budget FY26	Submitted Budget FY27	Budget Total for Biennium	% change from HEA 2023 budget	Submitted Budget FY26	Submitted Budget FY27	Budget Total for Biennium	% change from Gov's Proposed budget
Medicaid Admin	48,924,787	49,571,248	98,496,035	47,092,686	47,092,686	94,185,372	-5%	47,092,686	47,092,686	94,185,372	0%
Medicaid Assistance	3,721,500,000	4,196,600,000	7,918,100,000	4,846,900,000	5,182,400,000	10,029,300,000	21%	4,846,900,000	5,182,400,000	10,029,300,000	0%
FSSA - Central Office	16,881,895	16,881,895	33,763,790	16,037,800	16,037,800	32,075,600	-5%	16,037,800	16,037,800	32,075,600	0%
Voc Rehab Total	17,077,538	17,077,538	34,155,076	17,077,538	17,077,538	34,155,076	0%	17,077,538	17,077,538	34,155,076	0%
DDRS Administration	535,823	535,823	1,071,646	509,032	509,032	1,018,064	-5%	509,032	509,032	1,018,064	0%
BDDS Day Services Other	3,418,884	3,418,884	6,837,768	3,418,884	3,418,884	6,837,768	0%	3,418,884	3,418,884	6,837,768	0%
BDDS Operating - General Fund	6,736,877	6,736,877	13,473,754	6,736,877	6,736,877	13,473,754	0%	6,400,033	6,400,033	12,800,066	-5%
First Steps	25,546,118	25,546,118	51,092,236	25,546,118	25,546,118	51,092,236	0%	25,546,118	25,546,118	51,092,236	0%
			\$ 8,159,158,019			\$ 10,262,137,870				\$ 10,261,464,182	

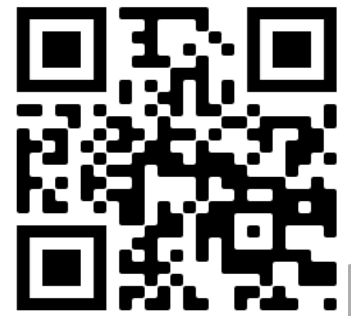
Have YOU donated to the INARF PAC yet?



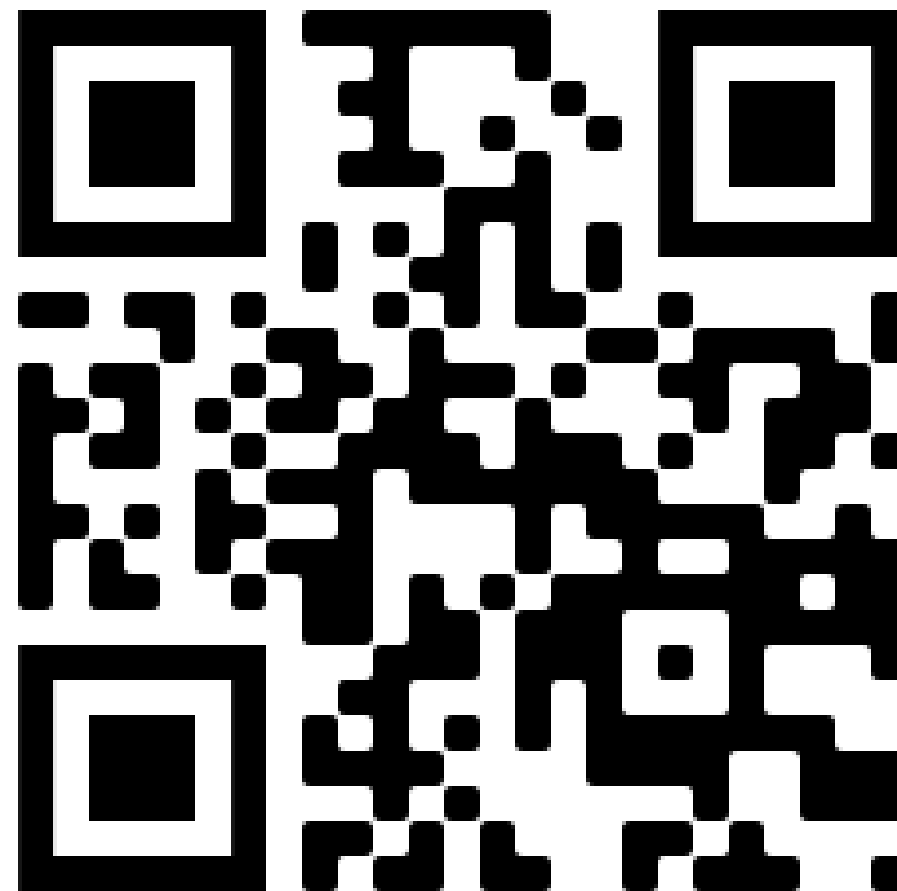
Thank you, PAC Donors! (\$1,750)

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INARF PAC



Your contributions to the INARF PAC are a critical part of INARF's legislative advocacy efforts. They are used to support elected officials who serve as champions of the provider community. Please consider supporting the INARF PAC today.



INARF PAC

For more information and to contribute,
scan the QR code or visit:
www.INARF.org/INARF-PAC



Thank you!

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