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May 28, 2014

Nicole Norvell, Director
Division of Disability and Rehabilitative Services
Indiana Family & Social Services Administration
402 West Washington Street, W453
Indianapolis, IN 46207-7083

Dear Nicole,

Thank you for the opportunity to comment on the draft re-write of the Community Integration and Habilitation Waiver (CIHW). INARF applauds the state agency for the importance it places upon obtaining public input from a wide range of stakeholders in developing the re-write, and is confident that the feedback received will be carefully considered in the final development of the waiver. Please know that beyond our written comments, INARF is dedicated to assisting the state agency in any way appropriate to improve VR systems and services to individuals with disabilities.

INARF is the principal statewide trade association representing agencies that serve Hoosiers with intellectual and developmental disabilities. INARF Members often play a lifelong role in the lives of those they serve by providing a continuum of services that in many instances stretches from birth to death and across all facets of life in their chosen community. Further, INARF and its members are committed to ensuring Indiana's system of services and supports for individuals with intellectual and developmental disabilities offers maximum options, access, and choice. To that end, we appreciate the opportunity to provide our feedback on the draft re-write of the Community Integration and Habilitation Waiver.

Following our review and analysis of the currently approved waiver document, we offer the following comments and recommendations for consideration. These comments were informed with feedback from our members and corporate committees. INARF has also encouraged its member agencies to submit comments in response to your request. We appreciate in advance your thorough review and consideration for their feedback.

We hope these recommendations serve as a useful resource in your efforts to update the CIH Waiver. Should you have any questions or need additional information, please contact us at the INARF office or via e-mail at kim@inarf.org, keith@inarf.org, and/or christiaan@inarf.org, respectively.

Sincerely,

Handwritten signature of Kimberly Opsahl, JD.

Kimberly Opsahl, JD
President/CEO

Handwritten signature of Christiaan Campbell, MS.

Christiaan Campbell, MS
Director, Research & Program
Development

Handwritten signature of Keith Digman.

Keith Digman
Director, Advocacy & Program
Development

PRIMARY RECOMMENDATIONS

1. As you may already be aware, INARF is currently developing revised service models, rate methodologies, and service definitions for several waiver services, including Residential Habilitation and Supports, Group Habilitation, Structured Family Caregiving, and Case Management. We intend to present these recommendations separately, as each is finalized.
2. The recent Home and Community Based Services (HCBS) Final Rule issued by the Centers for Medicare and Medicaid Services (CMS) represents an exciting opportunity to critically evaluate Indiana's HCBS Waiver program. Ensuring compliance with the CMS rule will have far-ranging impact with potential implications for the manner in which services like residential, day, and case management are designed, planned, and delivered. As a result, INARF strongly recommends that the Division involve a diverse group of stakeholders in evaluating the system's compliance with the Rule and in designing and implementing solutions for identified areas of concern. INARF looks forward to the opportunity to be a part of this partnership among state officials, self-advocates, families, providers, and other advocates.
3. As Indiana moves toward a system that emphasizes a community-based model and an employment-first philosophy, it is recommended that the eighteen (18) month limitation on Supported Employment Follow-Along (SEFA) be eliminated, and service authorization be based on consumer need. For those individuals that have the most significant disabilities, SEFA services may be necessary for many years, if not indefinitely, to maintain a community-based job.
4. INARF commends the Division for promoting greater system transparency by its recent publication of a detailed description of the methodology used for determining a consumer's Algo level. We recommend that this description of the methodology should be included in the budgeting limits section of the waiver document.
5. Current practice requires providers of residential and day services to submit a detailed summary of services to case management on a monthly basis. Presumably, this requirement is in place to improve information sharing among the Individual Support Team. INARF certainly is in favor of any activity that enables teams to work more effectively on behalf of individuals served. However, as currently implemented, monthly summaries do not appear to be advancing this purpose. Much of the information required is redundant (e.g. incidents and notable changes are reported separately) and often progress may seem imperceptible through the lens of a month-to-month reporting cycle. With this in mind, INARF recommends that the Division revise the current waiver document from either monthly or quarterly reporting to only quarterly reporting. Further, as part of the state's efforts to address person-centered planning requirements resulting from the HCBS rule, we recommend that the substance of the summary be updated, so that the information shared is appropriately aligned with its purpose.

ADDITIONAL RECOMMENDATIONS AND CONSIDERATIONS

1. Appendix C-1/C-3: Wellness Coordination/Residential Habilitation and Support: Wellness Coordination is an excellent addition to the services offered through the waiver. INARF applauds DDRS for recognizing the need and collaboratively developing this critical service. With its implementation, however, several functions that have historically been included in

the Residential Habilitation and Supports (RHS) service definition have become redundant. It is recommended that service definitions be changed to clarify the provider's responsibility when the consumer has Wellness Coordination and when s/he does not.

2. Appendix C-1/C-3: Pre-vocational Services: The current service definition requires that the individual being served must earn less than 50% of the minimum wage. In practice, and in previous guidance from BDDS, it was determined that that the earnings must average less than 50%. The purpose of the averaging practice is to avoid frequent shifting from pre-vocational services to state-line funded Sheltered Work Services, as well as to reduce the associated documentation each time such a shift occurs. It is recommended that the service definition be clarified to match the current practice.
3. Appendix C-1/C-3: Supported Employment Follow-Along (SEFA): The lack of reliable transportation is a primary barrier to maintaining employment, especially in rural areas of the state. To address this challenge, we recommend that the state consider allowing consumer transportation to the worksite, if job coaching will be taking place, to be a billable activity.
4. Appendix C-1/C-3: Behavioral Support Services: The current waiver document does not appear to define or differentiate between level one and level two behavior supports. It is recommended that the specific services associated with each are included in the service definition.
5. Appendix D-1: Service Plan Development: The current waiver document indicates that the State provides risk management and health assurance training to individual providers as needed and when it is requested. How is this activity implemented in practice? Also, there is a reference to team meetings taking place on a monthly basis. In practice, team meetings typically occur on a quarterly basis or as needed. It is recommended that the waiver document be updated to reflect actual practice in this area.
6. Appendix G-1: Response to Critical Events or Incidents: According to the current waiver document, medication error reporting is limited to when a physician determines that the error jeopardizes the health or welfare of the individual. However, BDDS policy indicates that all medication errors require that an Incident Report be filed. We recommend that the waiver document reflect the current required practice.