The focus of the 2005 session of the Indiana General Assembly, which ended April 29, was the passage of a biennial budget. A $24.3 billion budget was passed with some new dollars for schools (K-12) and Medicaid, without raising state taxes. A companion bill to the budget, HB 1120, includes some provisions that may raise taxes at the local level.

Following is a summary of legislation regarding people with mental retardation and developmental disabilities:

**HB 1001 — Budget Bill**

The biennial budget as passed, includes funding for 5.2% growth in Medicaid. Although the projected growth rate is expected to top 10% annually, this is much better than the “flat-line” Medicaid budget passed in the 2003 session.

No new funding was provided to move people off of waiting lists for home and community based services.

**Other Budget Items**

- Permissive language for providers of Developmental Disability Waiver services to seek approval of a quality assessment fee from the federal government. The fee would generate money within the system that could be used to move people off of Medicaid waiting lists.
- A change in the cost participation fee for the First Steps program. The fee will now begin at 250% of poverty level rather than 350%. The per treatment and monthly maximums that can be charged to a family were also raised. The language in the budget also deletes the cap that can be charged to a family’s private health insurance provider.
- $500,000 cap on assets to be eligible for the CHOICE program. Though this is not expected to be a problem, it is a change in the program eligibility guidelines.
- New language prohibiting the counting of CHOICE dollars in determining a Medicaid recipient's eligibility for the CHOICE program.

Participants at the “Remember Me!” Rally urged legislators to remember people with developmental disabilities and the thousands waiting for services.

2005 Legislative Wrap-Up

Only those facing an emergency or crisis will be eligible for “Priority Waivers” to provide home and community based supports. $49 million was included in the budget for these emergency services.

**Other Budget Items**

- Permissive language for providers of Developmental Disability Waiver services to seek approval of a quality assessment fee from the federal government. The fee would generate money within the system that could be used to move people off of Medicaid waiting lists.
- A change in the cost participation fee for the First Steps program. The fee will now begin at 250% of poverty level rather than 350%. The per treatment and monthly maximums that can be charged to a family were also raised. The language in the budget also deletes the cap that can be charged to a family’s private health insurance provider.
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- New language prohibiting the counting of CHOICE dollars in determining a Medicaid recipient's eligibility for the CHOICE program.

Participants at the “Remember Me!” Rally urged legislators to remember people with developmental disabilities and the thousands waiting for services.

The Arc of Indiana – advocating for people with mental retardation and related disabilities and their families

Vol. 48, No. 2

**Home and Community Based Services**

**HB 1069 — Home and Community Based Services.** HB 1069 voids rules previously adopted by the Division of Disability Aging and Rehabilitative Services (DDARS) concerning home and community based services. The bill requires new rules to be promulgated and adopted by DDARS with meaningful input from interested parties. Rules that are adopted must include protections for the rights, safety and welfare of individuals receiving care – the aged, persons with developmental disabilities and persons with physical disabilities – according to their particular needs, and not impose costly or unduly burdensome requirements so as to facilitate access to home and community based services.

**SB 615 — CHOICE Board.** Changes the composition and responsibilities of the CHOICE Board. Adds a position on the board for a person representing home care consumers, including seniors or persons with disabilities. The CHOICE Board will also have the responsibility of reviewing proposed rules concerning home and community based services. SB 615 became home to the regulatory reform language in HB 1519 when that bill died in the House. The regulatory reform language was then ruled non-germaine to the other language
in SB 615 and was stripped out of the bill during conference committee. The Administration worked with The Arc of Indiana and INARF to reach a compromise on the regulatory reform language and agreed to put forth the measures without legislation action.

Medicaid

SB 481 — Transitional Services Medicaid Waiver. Allows the Division of Family and Children to implement a program to provide transitional services to individuals who have become or will become 18 years of age or emancipated while receiving foster care. Allows the Office of Medicaid Policy and Planning to apply for an amendment to the State Medicaid Plan and, if necessary, apply for a Medicaid Waiver to provide services to individuals who are at least 18 years of age but less than 21 years of age who have become too old to be eligible for foster care.

SB 572 — Medicaid Waiver for Family Planning Services. Requires the Office of Medicaid Policy and Planning to apply for a demonstration waiver to extend Medicaid coverage of family planning services for certain women.

HB 1142 — Medicaid Matters and Family Planning Services. Requires FSSA to develop a plan concerning specified issues relating to long term care and Medicaid costs and submit the plan to legislative council.

Education and Children

HB 1314 — Various Education Matters. Changes the name of the School for the Blind to the School for the Blind and Visually Impaired.

HB 1488 — Teacher Training Concerning Phonologic Weakness. Establishes a program to train teachers to recognize and address phonologic reading difficulties and identify reading instruments to assess student reading and writing development.

HB 1794 — Various Education Matters. Requires schools to report the reasons for student expulsions and suspensions to the department of education, and to categorize suspended and expelled students by gender, ethnicity, and disability status. It authorizes an agreement for court assisted resolution of suspension or expulsion cases between a court having juvenile jurisdiction and a public school corporation, including joint determination of which violations leading to suspension or expulsion are eligible for referral to the court, and allows the school corporation and the court to determine how the costs of supervising a student under the agreement shall be paid.

Language remains in effect protecting students with disabilities on how support staff can be trained in school safety specialist education. Requires the inclusion of anti-bullying training in school safety specialist education. Requires each school to establish a safe school committee.

SB 285 — Bullying. Specifies that if a transfer or school corporation fails to take action within 30 days after receipt of a transfer tuition request, the request is considered approved. Provides that a student who is placed in a facility, a home or an institution may attend school in the school corporation in which the facility, home or institution is located, and that the state is required to pay transfer tuition for the student if no other person or entity is required to pay the student’s transfer tuition.

Health Issues

HB 1306 — Various Health Matters. Establishes the statewide, independent living council. Requires the council to assist DDRS (Division of Disability and Rehabilitation Services) in the preparation of a state plan to provide independent living services and promote the development of a statewide network of centers for independent living. Authorizes state grants for centers for independent living. Requires the division to review certain centers receiving federal money for compliance with federal law. Requires a physician to provide certain information to an individual before referring the individual to a health care entity in which the physician has a financial interest.

(Continued on Page 3)
We have been offered a seat at this new table to discuss how we can accomplish what must be done.

Nearly all of our basic tenets may be challenged in the coming months and years. It will be a re-examination and reappraisal of what works and what does not. We must be clear that if we are going to make real change and address mounting waiting lists, we must be efficient, fair and equitable in how people are served.

These are challenges that we must and will respond to, in ways that do not seek to protect the status quo, but answer questions honestly and with a vision of a future based upon some new ideas.

One of the ideas that will challenge us all is equity. How can we be equitable to those who receive services and those who are waiting? How can we change a culture based on getting everything you can get approved, to using only what you need so others may get help. Some will be asked to conserve resources so that others can receive services. It is important to recognize that the Daniels’ administration has already committed publicly to direct savings achieved through the more conservative use of services into serving the waiting list.

There are also immediate challenges. The rising price of gasoline is challenging the ability to get people to services, and to get support workers to family homes. Health insurance is increasingly expensive, but is essential to keeping dedicated employees. A growing Indiana economy is necessary to keep people in Indiana, and to encouraging others to locate to Indiana.

Our greatest asset is our ability to be creative. The new administration has asked for new ideas, and there has been a shortage of responses. We are pleased to work alongside so many, ready to do the heavy lifting to make Indiana better. At every key time in our history The Arc, through our network of families, self-advocates and professionals, has stepped up to meet the challenge—not labeled blue or red, conservative or liberal—but as Hoosiers concerned about one another. We will do so again.

It is a historic time. It is also a time that requires players, not spectators. At a time when the next chapter has not been fully written, I am glad our team is large, vocal and ready to go.

On a personal note, Bryce, Kesia and I want to thank our Arc family for the tremendous support we received and continue to receive in Sonia’s passing.

Your thoughts, prayers and help have made and continue to make a tremendous difference. God bless each and every one of you for all you do for us and for so many.

SB 206 — Home Medical Equipment Services Providers. Establishes a program for the licensing and regulation of personal services agencies. Provides that home health agencies and personal services agencies are approved to provide home health or personal services under certain federal waivers. Provides that home health services include services that are required to be ordered or performed by certain health care professionals. Increases the home health agency license fee. Requires a home medical equipment services provider to be licensed by the board of pharmacy. Authorizes the board to conduct inspections, issue licenses, discipline providers for violations, and adopt rules.

Insurance

SB 253 — Insurance Mandate Review Task Force and Coverage Documents. Adds one member and provides for per diem payment and cost reimbursement for members of the task force to review mandated benefits and mandated benefit proposals. Specifies certain requirements for the task force. Expires the task force on December 31, 2010. Provides that certain accident and sickness insurers, health maintenance organizations, and limited service health maintenance organizations; (1) may provide certain documents in electronic or paper form; (2) must provide certain information concerning obtaining evidence of coverage; and (3) must provide documents in paper form upon request.

(Continued on Page 7)
INDIANA MEDICAID HELPS SCHOOLS COVER THE COST OF SOME HEALTH CARE SERVICES IN STUDENT IEPs

By John Hill, Indiana Division for Exceptional Learners

Many people are unaware that the Indiana Medicaid program partially reimburses some health care services provided in schools.

In Indiana, nearly 1 million persons are Medicaid eligible. Many of these eligible persons are children or youth who attend Indiana public schools and who receive school-based health care services such as speech therapy, occupational therapy, or physical therapy during their school day.

In 1994 the Indiana General Assembly passed Public Law 90 requiring all school corporations to be enrolled providers in the Indiana Medicaid program. This law was enabled by changes Congress made in 1988 in the federal Medicaid statute allowing for reimbursement of certain health care services provided by schools to individuals enrolled in the Medicaid program.

In August 1998 the Indiana Office of Medicaid Policy and Planning (OMPP) changed its long-standing policy by exempting from Medicaid prior authorization and managed care provider certification requirements for all Medicaid-covered health related services that are authorized in a student’s Individualized Education Program (IEP).

As of June 2005, 97%—285 of the 293 traditional public school corporations, along with 38%—8 of the 21 Charter Schools, are enrolled as school-based Medicaid providers. The Indiana School for the Blind and Visually Impaired, the Indiana School for the Deaf, and Silvercrest State Developmental Center are also enrolled as school-based Medicaid providers.

What are Medicaid School-Based Services?

Currently 50%—144 of the 285 Medicaid-enrolled Indiana public school corporations are billing Medicaid for some services. Medicaid reimburses these schools for some health care services provided to individuals who are enrolled in Medicaid and who are eligible for special education. The services reimbursed are those health-related special education services that are provided by Medicaid-qualified personnel and are specified in the student’s Individual Education Program. Speech Therapy, Occupational Therapy and Physical Therapy are the three main services that the schools bill to Medicaid.

How Does Reimbursement Work?

Reimbursement for Indiana Medicaid services, comes partially from federal funds (approximately 63% in Indiana last year) and partially from state funds (approximately 37% in Indiana last year).

The 37% state matching funds come from a variety of sources, including the budgets of various state and local public entities. When the Indiana Department of Education distributes the state tuition support funds to Medicaid participating school districts, the Department withholds the state Medicaid match (37% of the total Medicaid payment) plus 3% of the Federal share of the Medicaid payment to defray the state’s cost for administrative oversight and technical support of Medicaid claiming for school-based services.

In addition, Indiana school corporations have chosen to utilize the services of several companies doing business in the state of Indiana to process schools’ Medicaid claims. These billing companies typically charge the school corporation 7–10% of the Federal share of the paid Medicaid claims. For this fee, besides filing the Medicaid claim, the billing companies are expected to: Comply with the terms of any established agreement with the local school corporations regarding billing; maintain billing practices that are compliant with Medicaid policies, rules and other Medicaid publications to ensure that billing practices are compliant; and, verify the Medicaid eligibility of the student or update the Medicaid-covered IEP service was provided.

Fiscal Impact

During the five-year period from state fiscal year 2001 through state fiscal year 2005, Indiana Medicaid payments to Indiana public school corporations increased over 3000% ($279,503 to $8,655,865).

Over the past several years local school corporations’ financial resources have been stretched, and some corporations are seeking additional Medicaid revenues to help ease some of the burden. Schools consider Medicaid revenues as “Soft Money” because the amount of funding can fluctuate from year to year based upon the specific needs of a corporation’s special education students. This is why most schools have chosen not to use Medicaid reimbursement for staffing or other ongoing expenses, but rather to use the money for staff training and equipment in those areas that generate the funds. This strategy also provides some incentive to the staff who must take on extra documentation responsibilities; because they see a direct benefit to the students they serve.

National Issues

Until recently, most of the national focus on Medicaid school issues has centered on schools claiming federal matching funds for Administrative Outreach activities such as providing families with information about Medicaid; and helping locate, identify and refer qualifying children and their families for Medicaid services. To date Indiana has not claimed Medicaid administrative match for school-based activities such as these.

As a result of inconsistencies in federal guidance, the Centers for Medicare & Medicaid Services (CMS) revised and released its technical assistance guide entitled Medicaid School-Based Administrative Claiming Guide in May of 2003. The intent of the revised guide was to improve understanding, on the part of schools, state Medicaid agencies, state education agencies, CMS Regional Offices and other stakeholders, regarding requirements for claiming federal Medicaid administrative matching funds. The revised guide also limited federal match for activities performed by school-based Skilled Professional Medical Personnel (“SPM”) to the standard administrative match rate of 50 percent, rather than allowing enhanced matching at 75% for SPMP activities in the school setting. As a result of the finalized guidelines and the reduced federal match, participating schools have seen a reduction in the amount of funds generated by their administrative claiming programs.

What’s Next for Indiana

100% Medicaid Provider Enrollment

The Division of Exceptional Learners will continue to work with the eight remaining traditional public school corporations not yet enrolled as Medicaid providers. The Division will also continue to work with the charter schools to assure compliance with the Medicaid provider enrollment requirement.

Access to Information

The Division of Exceptional Learners will modify its Web Page to include an index tab listing in one location all of the Medicaid related information distributed by the Division. Watch for this change to occur prior to the beginning of the 2005-2006 school year.

Increase Medicaid School-Based Program Participation

While the number of Medicaid participating school corporations has dramatically increased over the past three years, from 47 to 143, over half of Indiana’s traditional public school corporations are not billing the Medicaid program for health related IEP services. It may not be feasible for every school corporation to participate, especially if the corporation has a low number of Medicaid-eligible students. However, it is important that each school corporation evaluate its own potential. The Division of Exceptional Learners will provide information to non-participating schools regarding the potential of utilizing federal Medicaid funds to help cover the cost of providing mandated services that are currently being supported with 100 percent state funds.

Self-Assessment and Audit Guide

In order to assist local school corporations with monitoring and compliance issues, the state will develop a School-Based Medicaid Self-Assessment Guide and an Audit Guide. The Self-Assessment Guide will focus on assisting school corporation officials with assessing their overall participation in the Medicaid program from a macro perspective. The Audit Guide will be a tool to help school corporation officials, as well as individual service providers, assess their compliance with Medicaid requirements, which include but are not limited to, documentation, records retention, provider qualifications and confidentiality requirements.

Medicaid Administrative Claiming

Now that CMS has set forth clear expectations via its release of the Medicaid School-Based Administrative Claiming Guide in May of 2003, representatives from OMPP, DOE, State Budget Agency, Learning Well, and Health Evolutions are meeting to finalize details on the proposed Indiana MAC (Medicaid Administrative Claiming) demonstration project for Marion County public school corporations.

(Continued on Page 6)
Remember Me! Puts Face to Thousands Waiting for Home and Community Based Services

A DVD produced by The Arc of Indiana, Remember Me! Boosters Waiting for Home & Community Based Services, features just some of the 15,500 children and adults with developmental disabilities who are on Medicaid Waiver waiting lists for home and community based supports. It can be viewed on The Arc of Indiana’s web site: http://www.arcind.org/remember_me_cd.htm

Remember Me! was distributed to members of the Indiana General Assembly in the final weeks of the legislative session. However, as new funds were not included in the budget to move people off of waiting lists, we hope local chapters and members of The Arc of Indiana will use the DVD to continue educating policy makers and local communities about the need for funding for home and community based supports.

The final state budget for the 2006-2007 biennium contains no new funding to move those featured, and the thousands of others who could not be featured on the DVD, off of waiting lists. It is important to remember that no new money was designated to move people off waiting lists in the biennial budget passed in 2003. In addition, Medicaid growth was flat-lined, forcing the state to look for money to revert back to the state’s general fund. Will those waiting have to wait until 2007 for any hope?

The budget does include $49 million for people with developmental disabilities facing a crisis or emergency. This will allow “emergency waivers” or group home services only when the primary care giver has died, entered a longer term care facility, faces long term incapacitation, or is incarcerated. The emergency funds can also be used for those identified by the Indiana State Department of Health as no longer being eligible for services in a Medicaid funded group home, and for children aging out of residential programs funded by the Department of Education, Division for Family and Children, or Medicaid.

The budget bill also includes language allowing providers of services for the developmentally disabled to be assessed a fee that could be used for funding home and community based supports. We will be working closely with FSSA Secretary Mitch Roob to assure that if the assessment fee is implemented, any new funds will be used to move people off of the long Medicaid Waiver waiting lists.

The Remember Me! DVD can be viewed from The Arc of Indiana’s web site. Go to: http://www.arcind.org/remember_me_cd.htm

Remember Me! DVD — Ideas

Remember Me! waiting list talking points for use in your community

1. Over 15,500 people throughout Indiana are on waiting lists for Medicaid Waivers that provide home and community based supports. Medicaid Waivers allow Medicaid to fund services to those who would otherwise qualify for care in a Medicaid funded institution.

2. Medicaid Waivers allow families to stay intact and give families the extra supports they need to keep their loved one with a disability at home and a part of the community.

3. Medicaid Waivers also allow people with developmental disabilities to live in the community with staff providing direct care support. These supports allow people to remain in the community, and out of large congregate care institutions.

4. Many people on Medicaid Waiver waiting lists have been waiting for as long as eight years.

5. The biennial budget includes an appropriation of $49 million for emergency and crisis cases. This includes serving those whose primary care giver has died, entered a long term care facility, has become incapacitated, or is incarcerated. It also will provide funds for people living in group homes who are determined by the State Department of Health as no longer meeting group home “level of care,” and children aging out of residential programs funded by the Department of Education and the Division of Family and Children.

6. The biennial budget bill does NOT include an appropriation to move people off Medicaid Waiver waiting lists, or provide funds for young adults leaving high school in need of Adult Day Programs and work related programs.

7. For additional information on Medicaid Waivers and the History of the 317 Plan, go to our web site at: www.arcind.org

8. Host a meeting for local media to view.

9. If you would like to provide Remember Me! to your local cable station, please call Sally Morris at The Arc of Indiana, let her know what format it needs to be in, and we can send a Beta tape or other format to you. Call: 317-977-2375 or 1-800-382-9100.

10. Help promote that the DVD is also available on The Arc of Indiana’s website: http://www.arcind.org/remember_me_cd.htm
Muscatatuck Closes, Movement of People from State Institutions Now Focuses on Ft. Wayne

Muscatatuck State Developmental Center (MSDC) has now officially closed. The grounds and many of the buildings will now be used as a training grounds for Homeland Security. Efforts are now being made to downsize Fort Wayne State Developmental Center (FWSDC) by moving current residents to community based placements.

Nanette Whightsel, Director of Family Education and Community Resources for The Arc of Indiana, was instrumental in working with families to plan for the movement of their loved ones from MSDC to communities throughout Indiana. She is now working with families whose loved ones live at FWSDC.

There are 219 people living at Ft. Wayne State Developmental Center. It has been announced that 100 people will be moved to community settings between now and July 2006. Another 70 individuals will be moved between July 2006 and July 2007. In an effort to ease this transition into the community for families and the individuals themselves, Nanette Whightsel is visiting families and working with individuals from FWSDC to show what options are available, and what community life can look like.

To date, Nanette has worked directly with 44 individuals and their families and has appointments with 9 additional individuals to help them select a case manager.

Nanette’s work takes her to the four corners of the state. If you have any questions about home and community based supports for a loved one please call her at: 317-977-2375 or 1-800-382-9100.

Help Raise Funds for The Arc Spread the Word Campaign

Interested in raising money for your local chapter of The Arc, but not good at asking for money?

Asking for money just got easier. The Arc of the United States, in partnership with The Arc of Indiana, is asking local chapters of The Arc to participate in a “Spread the Word” campaign.

“Spread the Word 2005” is a collaborative fund-raising and awareness building program offered by The Arc of the United States to help states and local chapters increase contributions from individual donors.

The campaign will make use of the efficiency of online giving, yet maintain personal contact using email messages and a customized personalized web page that volunteer campaign participants can use to ask family, friends, co-workers, etc. to join in support of The Arc.

This new program, developed to raise awareness and funds for The Arc in communities across the country, uses the most effective fund-raising approach ever known—people asking others to support a cause that provides vital services to their family and community.

If you are interested in being a volunteer and learning more about “Spread the Word 2005,” contact your local Arc Chapter or The Arc of Indiana at 317-977-2375 or 1-800-382-9100.

Need to Get Rid of a Car?

The Arc of the United States Car Donation Program can benefit The Arc of Indiana and your local chapter of The Arc!

Just a day after The Arc of the United States posted information on their web site about a new vehicle donation program, the first car was given to The Arc. The program is the result of a partnership with a reputable nationwide company equipped to accept donations of used cars, trucks, trailers, boats, or RVs.

Donors can contact The Arc of the United States at 1-800-433-5255, ext. 5460 or 5452. Arrangements will be made conveniently and quickly schedule a pick up of a vehicle at no cost to the donor. Donors may also make a car donation online by completing a donation form on The Arc of the United States web site at www.thearc.org.

The Arc of the United States received 70% of the net proceeds from each car donation and distributes two-thirds of that 70% to the appropriate state chapter. The Arc of Indiana would then split the state proceeds with the appropriate local chapter of The Arc.

For more information, please call 1-800-433-5255 and select extension 5452 or 5460.

Thanks to Our Sponsors

Thanks to the following sponsors of our most recent events, Steve Green’s The Arc of Indiana 2005 Golf Tournament and Building Meaningful Daytimes and Community Life seminars.

Steve Green’s The Arc of Indiana 2005 Golf Tournament

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Arc BRIDGES, Inc.
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MEDICAID HELPS SCHOOLS, from page 4

Learning Well, Inc. is a non-profit organization whose mission is to provide improved access to health care services for all school-aged children attending both private and public schools in Marion County, Indiana. By mutual agreement of Learning Well and the participating school corpora-
tions, the funds generated by the Indiana MAC demonstration project will be utilized to support the school-based health clinics in the participating schools throughout Marion County and to develop new clinics.

Additional Services

Indiana public schools provide many services for students with disabilities that are not currently, but potentially could be, reimbursed by Medicaid. These include nursing services, orientation and mobility services, and specialized medical transportation. The Division of Exceptional Learners will continue to collaborate with the Office of Medicaid Policy and Planning to look for ways for schools to access Medicaid funds for allowable services. For the complete article go to The Arc of Indiana’s web site at: www.arcind.org, click on: Medicaid Waivers & Medicaid, then click on: “Indiana Medicaid Helps Schools Cover the Cost of Some Health Care Services in Student IEPs.”

For more information contact: John Hill, Medicaid Liaison, Division of Exceptional Learners, Indiana Department of Education, Room 229, State House, Indianapolis, IN 46204-2798, 317-232-0864, jhill@doe.state.in.us

Web Links

National Alliance for Medicaid in Education http://www.medicaidforeducation.org/
LEGISLATIVE WRAP-UP, from page 3

General Issues

HB 1056 — Food Handler Exemption. Provides that the certified food handler requirements do not apply to food provided by an area agency on aging’s nutrition service program or by a food pantry. Provides that certain nonprofit organizations are not required to use certified food handlers.

HB 1083 — Taxation. Postpones the expiration of the earned income tax credit until December 31, 2011.

HB 1126 — Immunity for 501(c)(3) Organizations. Provides that volunteers and volunteer directors of: (1) certain community mental retardation and other developmental disabilities centers; and (2) certain rehabilitation centers; and (3) nonprofit organizations are immune from civil liability arising from the performance of the duties of the volunteer or volunteer director if the volunteer or volunteer director exercises reasonable care in the performance of those duties. (Note: The Arc of Indiana did not bring this legislation to the Indiana General Assembly. The Arc of Indiana strongly recommends that all local chapters of The Arc maintain liability insurance for Directors and Officers).

HB 1137 — Office of Technology. Creates the Office of Technology. Requires the office to appoint a group to develop standards that are compatible with principles and goals contained in the electronic and information technology accessibility standards adopted by the architectural and transportation barriers compliance board under Section 508 of the Federal Rehabilitation Act of 1973. Among other members, the group must include a representative of an organization with expertise in and knowledge of assistive technology policy and an individual with a disability.

HB 1159 — Law Enforcement. Provides that a law enforcement agency that receives a credible notification concerning a missing endangered adult may prepare and forward a report concerning the missing endangered adult to: (1) other law enforcement agencies; (2) the national crime information center; (3) the data and communications system; and (4) broadcasters in the area where the missing endangered adult may be located.

HB 1611 — Direct Deposit of State Payments. Requires direct deposit by electronic funds transfer of all payments to a person who has a contract with the state or submits invoices for payments from the state. Provides that a person who entered into a contract with the state before July 1, 2005, must authorize direct deposit of payments to the person or request a waiver of the requirement not later than June 30, 2006.

HB 1662 — Medicaid Health Facility Quality Assessment. Provides that if a health facility fails to pay the quality assessment to the department of state revenue, or if a nursing facility fails to pay the quality assessment to the office of Medicaid policy and planning, the state department of health must notify the facility and revoke the facility’s license. Requires a health facility to pay interest on late payments. Requires the office to report certain information to the select joint committee on Medicaid in a timely manner.

HB 1776 — Seizing Weapons from a Dangerous Individual. Permits a law enforcement officer to seize a firearm possessed by an individual whom the officer reasonably believes to be dangerous. Requires the firearm to be returned to the individual within 14 days unless a court finds that the individual is dangerous and that retention of the firearm by the law enforcement agency is appropriate.

SB 15 — Absentee Ballots. Provides that an absentee ballot application may not be given to a voter if certain information has been filled out before the application is given to the voter. Permits other information to be filled out before being given to the voter. Makes other changes to absentee voting.

SB 224 — Home Health Care Services and Hospice Services Council. Prevents a member of the home health care services and hospice services council from: (1) having an ownership interest in, or (2) serving as a voting member on the governing body of, a home health agency or a hospice. Removes the prohibition against a member having: (1) a pecuniary interest in, or (2) providing services through employment or under contract for, a home health agency or hospice.

SB 326 — Information Concerning Meningococcal Meningitis. Requires public and nonpublic schools to distribute materials concerning meningococcal meningitis and its vaccines. Requires the department of education to develop the material to be distributed. Provides for notification possessed by a school or administration to a student to be released to the student’s parent or an individual who is at least 18 years of age or sent home with the student, if the student’s parent provides written permission.

SB 483 — Voter Identification. Requires a precint election officer to ask a voter to provide proof of identification before the voter is permitted to vote. Provides that a proof of identification is a document issued by the United States or the State of Indiana that shows: (1) the name of the individual to whom the document was issued; (2) a photograph of that individual. Allows the use of a document that expired after the date of the most recent general election. Specifies that a voter who is unable or declines to produce proof of identification at the polls receives a provisional ballot if the voter signs the affidavit required for a provisional ballot. Specifies that voters casting absentee ballots or voters who vote from certain health facilities at which the precinct poll is located are not required to provide proof of identification. Provides that the Bureau of Motor Vehicles may not impose a fee for the issuance of an identification card when an individual does not have a valid Indiana driver’s license and will be at least 18 by the next general, municipal, or special election.

SB 538 — Accessible Electronic Information Service. Requires the Director of the Indiana Talking Books and Braille Division of the State Library to enter into an agreement with a qualified entity to provide an accessible electronic information service for blind and disabled individuals. Electronic information includes news and other timely information, including newspapers, from a multisite service center using high speed computers and telecommunications technology for Internet acquisition of content and rapid distribution in a form appropriate for use by eligible individuals.
The Arc of Indiana Invites You to Attend a One Day Seminar on Positive Behavior Supports

Presented by: Kelly Hartman
Sponsored by: Indiana Association of Behavior Consultants (IN-ABC)
Being offered for: Parents, Direct Support Staff, Case Managers, Behavior Management Consultants, Teachers, and Other Providers of Services to People with Developmental Disabilities

Please plan to attend a one-day seminar, offered in four cities, on Positive Behavior Supports, presented by Kelly Hartman, President/CEO, insights consulting, inc.

Kelly Hartman has her Masters Degree in Counseling Psychology from Ball State University and has worked with people who have developmental disabilities and behavioral challenges for over fifteen years. Now in her tenth year as President/CEO of insights consulting, inc., and her fifth year as an Executive Board Member of IN-ABC, her primary focus is to help people achieve better lives through Positive Behavioral Supports. She strongly believes that behavioral change and improved quality of life comes through focusing on the capabilities—not disabilities—of people. By building on what a person can do—not focusing on what they cannot do—she teaches a non-aversive, person-centered approach to personal success.

Kelly’s presentation will focus on What, Why and How’s of Behavioral Challenges; the Process of Functional Assessment; and What to do—not focusing on what people CAN do—not focusing on what disabilities—not on the capabilities—not on the disabilities—of people. Please plan to attend sessions in one of the following cities:

**September 14, 2005**
Lafayette
Ivy Tech State College, 3101 S. Crissy Lane, Ivy Hall—Lilly Rooms & Auditorium
http://www.ivytech.edu/ facts_and_info/maps.html
Local Host: The Arc of Tippecanoe County & Wabash Center

**October 6, 2005**
Richmond
Indiana University East, 2325 Chester Boulevard, Whitewater Hall, Vivian Auditorium
http://www.iue.indiana.edu/maps.shtml
Local Host: Achieva Resources Corp.

**October 27, 2005**
Bloomington
Bloomington Convention Center, 302 South College Avenue
http://www.bloomingtonconvention.com/ location.html
Local Host: Stone Belt Arc

**November 2, 2005**
Merrillville
Avalon Manor, 3550 East U.S. 30
http://www.theavalonmanor.com/map.htm
Local Host: Arc BRIDGES

**Time—Local time, all locations:**
9:30 a.m. Registration 10:00-12:00 a.m. Presentation 12:00-1:00 p.m. Lunch (provided) 1:00-3:00 p.m. Presentation

**Registration Fee:**
Parents & People with Disabilities—$30* Local Chapters of The Arc, Staff & Volunteers—$40 Non-Arc Providers—$60
*The Consumer Involvement Fund (CIF) from the Governor’s Council for People with Disabilities will cover the cost of registration for parents and people with disabilities. Simply check this option on the registration form.

**CEUs** will be offered through the Indiana Association of Behavior Consultants (INABC). Cost: $15—payable at the seminar to IN-ABC.

**Refunds:** Refunds are not available for cancelled registrations. Accommodations: Please note any accommodations, including special dietary requirements, that are needed. Request for accommodations should be provided at least two weeks prior to the event.

**CEUs:** CEUs will be offered through the Indiana Association of Behavior Consultants (INABC). Cost will be $15, payable at the seminar to IN-ABC.

**Select category & method of payment:**
☐ Parent or Person with a Disability—$30, to be covered by the Governor’s Council for People with Disabilities CIF Fund. Please note request for other expenses to be covered by CIF Fund—personal attendant, respite, etc.

☐ Local Chapters of The Arc, Staff & Volunteers—$40
☐ Non-Arc Provider Agencies—$60
☐ Check made payable to The Arc of Indiana is enclosed
☐ Please bill my credit card: ☐ Visa ☐ Mastercard

Credit Card Number _________________
Expiration Date _____________
Authorized Signature ____________________________

**Please complete one form per person and mail with payment to:**
The Arc of Indiana
107 N. Pennsylvania Street, Suite 300
Indianapolis, IN 46204
Or Fax: 317-977-2385

Registration will be limited to 100 persons at each location. Return your registration form as soon as possible! If you register, but find you will not be able to attend, please call The Arc of Indiana so that any people placed on a waiting list can be contacted.

Please note which seminar you will attend:
☐ September 14, Lafayette (Register by Sept. 7), ☐ October 6, Richmond (Register by Sept. 29), ☐ October 27, Bloomington (Register by Oct. 20), ☐ November 2, Merrillville (Register by Oct. 26)

Name ________________________________
Agency ______________________________
Address ____________________________________________
City ___________________________ State ____ Zip ________
Phone (_____)______-_______ E-mail ______________________

HELP RECOGNIZE THOSE WHO MAKE A DIFFERENCE...
The Arc of Indiana 2005 Awards Program

You are invited to nominate outstanding individuals, businesses, and organizations for awards to be presented at The Arc of Indiana’s Appreciation Dinner, Friday, November 18, 2005.

The Appreciation Dinner will be held at The Marten House, 1801 W. 86th Street, Indianapolis.

Awards will be presented in the following categories:

• Employment • Development of The Arc • Outstanding Professional Achievement
• Education • Public Policy • Citizenship
• Outstanding Advocate • Media • Sycamore
• Community Living • Catherine Clerk Professional Service

Complete awards information and nomination forms can be found on The Arc of Indiana’s website at: http://www.arcind.org/2005_awards_criteria.htm; or, call The Arc of Indiana to request a 2005 Awards Packet: 1-800-382-9100 or 317-977-2375.

Nominations must be received by The Arc of Indiana on or before the close of business on September 2, 2005.

The Arc of Indiana 107 N. Pennsylvania St., Suite 300 Indianapolis, IN 46204
Call: 317-977-2375 or 800-382-9100
Web Address: www.arcind.org and www.TheArcLink.org
E-Mail: TheArc@arcind.org
The Arc News in Indiana is mailed to members of The Arc of Indiana. Contact your local Arc for membership information. Local members automatically become members of The Arc of Indiana and The Arc of the United States. If a local chapter is not located in your county, you may join The Arc of Indiana as an at-large member by sending a check for $15 per year to The Arc of Indiana. Simply include a note with your name and mailing address, indicating the check is for “At Large Membership.”