



Medicaid Waiver Redesign

The state has released the first concept paper about waiver redesign.

The Division of Disability and Rehabilitative Services (DDRS) has begun the process of redesigning Medicaid Waivers through the Bureau of Developmental Disability Services (BDDS). They have spent the last year asking for people's thoughts about what they want waivers to look like. The state has used the information and ideas people shared with them to write their first concept paper. This is a summary Self-Advocates of Indiana and The Arc of Indiana have created to explain the ideas in the concept paper.

A concept paper is the way the state is sharing the options they are looking at from the ideas they've received over the past year. It will share some of the things people are concerned about. It will also talk about some of the difficulties people shared to start a conversation about how to work on those concerns and difficulties.

It is very important to know that there are no specifics in a concept paper. The state is sharing their thoughts so people, especially self-advocates and families, can tell them what they think the specifics should be before they start writing the new waiver plans. The state wants self-advocates and families to share their thoughts and opinions. They want to make waivers the best they can be, and they need self-advocates' opinions to help them. NOTHING in the concept paper is final.

DDRS Vision for Indiana



DDRS' vision is that ALL people have the right to live, love, work, learn, plan, and pursue their dreams. They want to make sure people can achieve their vision of a good life. Each person will have a different vision of a good life based on the things they want in life. To make sure people can do that, DDRS wants to create a system of services and supports so self-advocates and families can achieve their vision of a good life.

As DDRS is looking to redesign services and supports, including waivers, they have some goals they want to focus on. They want to make sure any plan for new waivers:

- Increase person-centered planning (It's about you. You should be the one choosing what supports and services you want)
- Improve coordination of care (making sure all the different people you work with, including case managers, doctors, job coaches, staff, and more, work together to help you achieve your good life)
- Increase community engagement (making it easier for you to be involved in the community in lots of different ways including working in the community and doing things in the community like taking classes, going to the Y, going shopping, and doing things everyone else is able to do)

- Enhance member experience (making sure services and supports are working well and doing the things you want and need them to do)
- Maintain qualified providers and improve capacity (making sure there is good staff and enough staff to make sure you can do the things you want and need)
- Comply with HCBS rules (Even the state has to follow rules. The Centers for Medicare and Medicaid Services, CMS, is a federal agency that sets some rules for waiver services around the whole country)
- Promote efficiency (making sure they are doing things in the best way possible)

Waiver Options

Number of Waivers

As the state has been talking to people, a lot of people have suggested ideas for new waivers. They are looking at changing services, improving current services, and maybe even adding a third waiver. They want your thoughts.

The first thing the state needs to decide is if they want two waivers, like we have right now, or if we want three waivers as some people have suggested. Here are the choices they are thinking about.

Path 1



Keep the two waivers we have but rename them and consider some changes. The Family Supports Waiver (sometimes called the small waiver) is called Waiver 1 in the concept paper. It would still have a capped budget, but the capped budget amount could stay the same or be changed. Right now, the cap is \$17,300 in services per year. It would also update some services and create new service people could choose to use.

The Community Integration and Habilitation (CIH) waiver (sometimes called the big waiver) is called Waiver 2 in the concept paper. The same process would still be used to determine how much support a person receives. A person would still need to meet priority reasons to go on this waiver, but the state may consider changing some of those priority reasons based on new ideas. It would also update some services and create new services people could choose to use.

The final names of the waivers will be decided later.



Path 2 would keep the two waivers we currently have but with new names. The Family Supports Waiver is called Waiver 1 in this path. The CIH Waiver is called Waiver 3. A new, middle waiver, currently called Waiver 2, would be created.

The middle waiver (Waiver 2) would have a bigger budget than Waiver 1, which means people could get more services, but it would have a smaller budget than Waiver 3. The state does not yet know what the budget would be for each of the waivers in Path 2. They also have not yet decided how a person qualifies for each waiver.

What do you think?

- How many waivers should Indiana have?
- How should they decide which waiver a person gets?
- How big should the budgets be? What is the smallest amount of support a person should get? What would be good enough? What would help people live their best life?

Changing Services

People have also told DDRS they would like some services to change and that there are ways some services can work better.

Case Management

Many people said they want a case manager who would be "a partner in the process." They want their case manager to help them figure out different systems and help them find the things they need. Some of the things case managers should be doing now includes:

- Helping people identify their needs and connecting them with services and supports to meet those needs
- Guiding the Person-Centered Planning process and making sure self-advocates have the biggest say in their plans
- Monitoring health and safety
- Making sure people get the services they are supposed to get
- Responding to emergencies, urgent needs, and crises
- Advocating for the people they support

What do you think?

• What should case managers do?

Self-Direction

DDRS is thinking about offering some self-directed services. Self-directed services would let selfadvocates or families have more control over who provides their services and how those services are provided. The state isn't ready to let all services be self-directed, yet, but they are looking to see if they can include some services to be self-directed.

One of the things they are considering is Participant-Directed Goods and Services. It would let people



get goods or services they need because of their disability that Medicaid doesn't usually cover.

Examples of goods could include equipment, passes to events, or other products. Examples of services could include gym memberships or house cleaning. These goods and services are supposed to help self-advocates maintain or increase their independence.

DDRS is also thinking about something called Agency by Choice. This makes the individual a co-employer with a provider agency. It would let self-advocates and families choose their staff, direct their staff's activities,

and train their staff on their own needs. The provider agency would be responsible for the paperwork.

What do you think?

- Would Participant Directed Goods and Services give you more choice or make it easier to get the help and supports you need?
- What types of goods and services would be helpful to get? What would you want to use this for?
- Would Agency by Choice be helpful? Is this a choice you want, and does it give you more choice?

Service Changes

DDRS is also looking at changing some services.

Clarifying Service Names

DDRS wants to change the name of some services to make it easier to understand what those services

are, but they don't want to change what the service does. For example, there is a service called Extended Services. That name doesn't really help people know what that service does. In reality, it is a service that provides a job coach after people have finished with Vocational Rehabilitation Services (VR) and helps people with their community jobs. DDRS wants to change the name to Supported Employment so people know this service provides support to help self-advocates with their job, including learning job skills and helping keep their community job.



Group and Simplify Services

There are also some services that have slightly different names but do the same thing. They have different codes, though, when providers do paperwork for the state. DDRS wants to combine those services into one so it is easier to understand and is less confusing.

What do you think?

• Do you want them to change service names to make the services easier to understand?

Change or Remove Services

DDRS is also thinking about changing some services and removing others. There are some services that aren't used very much. They are looking at what changes they can make so the services help people more. They are also trying to decide if some services that people don't use should go away. For example, they want to change a service called Structured Family Caregiving to Shared Living. This service lets people who want to use it live with another family. They want to change this to do a better job of matching self-advocates and families to make sure they will get along and have similar lifestyles so it's a good fit. They also want to make sure no more than two self-advocates are in Shared Living unless having more would better support the self-advocates.

What do you think?

- What services need to change to make them easier to use?
- How can services you use now be changed to work better for you?

Adding New Services

People have also asked for new services, and DDRS is thinking about adding four of them. Some of the services they are thinking about adding are:



• Housing Supports and Services – a service to help people find and keep homes they can afford and that are accessible.

Healthy Living Services – a service to help

self-advocates get supports to help them with physical and emotional health and wellness. Some examples can include nutrition education, grief counseling, education on healthy relationships, and much more.

• **Expressive Therapy Services** – a service that includes a lot of different creative therapies such as art therapy, music therapy, drama therapy, dance, aquatic (water/pool) therapy, or therapeutic horseback riding.

• Peer Support and Community Connections – a service to help people get involved in the

community and form friendships in the community. This service can help people learn the skills they need to participate in community activities. This service will let self-advocates and families work with peers (other selfadvacates and families) to increase doing things in the se



advocates and families) to increase doing things in the community successfully.

What do you think?

- Will these new services be helpful? Will it offer help you aren't getting already?
- Which of these new services would help the most?
- What other services should they think about adding?
- Are there other things you need help with?
- Could any of these changes make things harder for you?

Quality Measures

DDRS wants to make sure that any changes they make improve people's lives. To do that, they need to talk to people to make sure services are helping them live their vision of a good life. They want to use person-focused questions to measure quality, and they want your ideas on how they can make sure the waiver is helping people. Some of the questions they are thinking of using are:

- How many people feel connected to their community?
- How many people have valued social roles?
- How many people get to choose where they live or work?
- How many people have friendships with people other than staff?
- How many people are involved in self-advocacy groups?
- How many people can access the same resources in the community that people without disabilities can?



It will be important to get this information, and they want your ideas and opinions on what information to get and what is the best way to get that information.

What do you think?

- What questions can DDRS ask to make sure self-advocates are living a good life?
- DDRS may need to ask self-advocates and families questions about quality more often. How often should they ask questions?
- Would you be comfortable talking with DDRS directly about quality of services? Who would you want to ask those questions (case manager, staff, DDRS staff, someone else)?

Next Steps

DDRS wants your thoughts, ideas, and opinions about this concept paper. They also want to help you get the most up to date information. They have a few different ways to do that:

- **Public communication channels**: DDRS will provide information about waiver redesign through the DDRS website, DDRS Announcements, INvision newsletter, and BDDS Facebook page.
 - All information on the waiver redesign can be found at https://www.in.gov/fssa/ddrs/5733.htm
 - To sign up for DDRS announcements, the INvision Newsletter and to follow the BDDS Facebook page, visit <u>http://www.in.gov/fssa/ddrs/2639.htm</u>
- **Public meetings**: Updates will be provided at the DDRS Advisory Council and 1102 Taskforce meetings.
 - For information on the DDRS Advisory council, visit <u>https://www.in.gov/fssa/ddrs/3355.htm</u>.
 - For information on the 1102 Task Force, visit <u>https://www.in.gov/fssa/ddrs/5455.htm</u>.
- Stakeholder and advocacy group meetings:
 - DDRS and the project team will meet with key partners such as The Arc of Indiana, Indiana Governor's Council for People with Disabilities, Self-Advocates of Indiana, and Indiana Association of Rehabilitation Facilities. These meetings will allow these groups to share their thoughts and include what they have heard from the individuals, families, and other interested parties they work with. You can contact these groups to share your thoughts, too.

 The Indiana Institute on Disability and Community at Indiana University, in collaboration with Self-Advocates of Indiana and The Arc of Indiana, will host a series of six public meetings around the state to give selfadvocates a chance to learn about what is proposed in the concept paper and provide feedback from their point of view. Information on the time and location of these meetings will be shared once they are scheduled.



- The Bureau of Developmental Disabilities Services (BDDS) is hosting additional Building Bridges meeting throughout the state as an avenue for families and individuals with disabilities to learn more about the waiver redesign project, the initial concept paper, and share their feedback.
- DDRS will meet directly with any group who will be affected by the waiver redesign. They will also provide information and materials for groups that wish to meet on their own. These materials will help groups to think about the possible waiver changes so they can submit their own feedback.
- **Electronic survey**. You are also welcome to share your thoughts through a web survey. The key questions that were highlighted throughout this paper are included in the survey, but answering those questions is optional. The survey also includes a blank area where you can provide any feedback you would like.
 - To access the survey, please visit: <u>https://iu.co1.qualtrics.com/jfe/form/SV_6qXBDMKLzCxZDY9</u>
 - To access the survey available in Spanish, visit: <u>https://iu.co1.gualtrics.com/jfe/form/SV_3yLAgmbr2NaO8QZ</u>

Following are the next steps in the waiver redesign project. These dates are approximate and are subject to change.

- January 2020 Initial concept paper released
 January 2020 April 2020 Public input period on initial concept paper
- April 2020 June 2020 Concept paper expanded
- June 2020 Final concept paper released
- June 2020 July 2020 Public input period on final concept paper

As Indiana moves to transform the system of supports for people with IDD and their families, we must work together to achieve the results we wish to see. The time is now for Indiana to build a system that can support people with disabilities in living their best life.

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