

**“State of the State – INABC October 2014” -- Annual Report**  
**Kelly Hartman, IN-ABC: Professional Liaison**

**INTRO**

Hartman, opened by noting her appreciation to Kelly Howard, as she has served her first term after following Gail Kahl who had served as our President for the past seven years.

Reflected on last year’s report which touched on the history of institutionalization. Indiana continues to be looked to as a national leader in innovation and success in community settings. Remaining the largest state in the US with no state operated facilities for ID/DD folks, we should be proud of our role in this progress. Our neighboring states of both Illinois and Ohio continue to house, over a thousand people each, in locked facilities.

In Indiana, there are currently:

- 8327 people served in CIH waiver – increase of 1% in the past year
- 9104 FSW – an increase of 39% in the past year
- Nearly 4000 in ICF/MR beds
- Over 21,000 people in BDDS services state wide

Largest Behavioral entities by consumer count statewide:

- Ferraro
- PAI (although the do not employ BC’s – only subcontractors)
- OPG
- Insights
- Booth & Company

Largest RHS agencies statewide by consumer count:

- ResCare
- AWS
- Help at Home
- Indiana Mentor

**DDRS CHANGES/FOCUS:** We continue to benefit from some stability at the helm of leadership within DDRS.

- Nicole Norvell, Director
- Dawn Downer, Chief of Staff
- Kylee Hope, Director of the Bureau of Rehabilitative Services (VR)

New changes/additions on the leadership team in DDRS include:

- Anne Davis, new Director of BQIS – is working toward transparency and re-evaluating how we use data to make decisions about quality issues at the point of service delivery
- Matt Rodway, has replaced Brian Reynolds as the Ombudsman and will be handling difficult client issues
- Julie Reynolds, BDDS Director – Julie has a long history of working in the industry at the point of service delivery – great resource
- Provider Relations (which is now a part of BQIS): Continue to send credentials on your new BC's as you hire them – they should go to Celia Bartel at [celia.bartel@fssa.in.gov](mailto:celia.bartel@fssa.in.gov), phone number 317.234.1914

DDRS Mission: To develop, finance, and **compassionately** administer programs to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve healthy, self-sufficient, and productive lives.

Hartman described the current leadership team within DDRS as working toward three important outcomes – while balanced with fiscal efficiency, she sees them as valuing increased transparency, innovation in service delivery models, and quality outcomes at the point of service delivery.

### **CURRENT INITIATIVES/ISSUES:**

- 1) PARTNERSHIPS: As professional Liaison, Hartman outlined pertinent agencies that we align with to achieve collaboration with the state and others.
  - Arc of Indiana – statewide advocacy organization for individuals with disabilities and their families and friends [www.arcind.org](http://www.arcind.org)
    - Keep a watch on the \$42M project called the Teaching Hotel and Training Institute in Muncie, Indiana to support training initiatives for people with ID/DD to work in hospitality. Hotel will be a Courtyard by Marriott, and will also host a Thr3e Wiseman.
  - INARF – statewide trade association that advocates for service providers – mostly DAYS and Residential partners [www.inarf.org](http://www.inarf.org)
  - DSPIN and SAI are two organizations that we have more closely aligned ourselves with in the past year and as an association have supported financially.

- 2) WELLNESS was launched earlier this year for people who have outstanding medical needs. Individuals identified as needing nursing follow along are scored into three tiers of service ranging from monthly face to face visits to weekly visits. Data on outstanding medical issues with ID/DD population in Indiana have found emerging data to support that the two greatest health care challenges amongst this population are diabetes and obesity. These are issues we should keep in mind and address as Behavioral Clinicians in supporting our folks.
- 3) TRANSITION PLAN FOR CIH & FSW WAIVERS TO ACHIEVE HCBS/CMS DIRECTIVES: We will soon be in a public comment phase to respond to Indiana's transition plan. This plan will include information about Indiana's assessment process to date; plans for continuing assessments; how compliance will be identified; and the strategies to be utilized to come into compliance with the HCBS rules. More information about the rule can be found at: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>

Public comment regarding Indiana's planned transition plan is open now and will be accepted through the end of November. These plans can be found at:  
[http://www.in.gov/fssa/files/FSW\\_Comprehensive\\_Transition\\_Plan\\_FINAL\\_1029214.pdf](http://www.in.gov/fssa/files/FSW_Comprehensive_Transition_Plan_FINAL_1029214.pdf)  
[http://www.in.gov/fssa/files/CIH\\_Comprehensive\\_Transition\\_Plan\\_Final\\_10292014.pdf](http://www.in.gov/fssa/files/CIH_Comprehensive_Transition_Plan_Final_10292014.pdf)

Comments and suggestions will be accepted for a period of 30 days, ending on December 1, 2014 and may be emailed to [DDRSolicies@fssa.in.gov](mailto:DDRSolicies@fssa.in.gov) or submitted in writing to:

Waiver Public Comment  
c/o The Division of Disability and Rehabilitative Services  
402 W. Washington St., Rm. W451  
Indianapolis, IN 46204-2243

DDRS will also provide an opportunity for public comment during the DDRS quarterly provider meeting on November 7, 2014 and during other meetings and events being held in November, 2014.

- 4) CRISIS/CONTINUUM OF SUPPORTS: The University of New Hampshire, conducted a "gap analysis" to assess our strengths and needs in the continuum of services available to our consumers with dual diagnoses. Input was sought from a variety of stakeholders, consumers and families across the state numbering over 1200. Hartman thanked INABC for their contribution in this process including recruiting families for telephone interviews as well as participating in a focus group made up of BC's. The report is expected out soon to the stakeholder group and will be presented publicly to legislators on December 10<sup>th</sup>.

- 5) **GROUP HOME CONVERSIONS:** While it was previously suggested that all group homes settings could be converted to waiver or community based slots, further fiscal assessment led the current administration to change course and reconsider this mandate. While 39 group homes voluntarily took advantage of the transition, others will not be forced to transition at this time. In the past year, two larger ICF/MR's – Arcadia Developmental Center and Hickory Creek closed their doors, transitioning nearly 200 individuals into settings better suited to meet their individual needs. The focus of transition at this time is to reduce the number of people being inappropriately housed in nursing facilities state wide.
- 6) **CASE MANAGEMENT:** Currently there are 6 approved providers. Issues continue with stability for the system. There continues to be issues or quality around consistency from company to company as well as the ongoing issues of solicitation.

### **PROFESSIONAL LIAISON ROLE/RESPONSIBILITY TO INABC**

- 1) **DD Advisory Council:** The DDRS Advisory Council was established by IC 12-9-4 to assist the Division of Disability and Rehabilitative Services in ensuring individuals with disabilities are as independent and self-sufficient as possible.

Essentially the role of this council is to look at policy, procedure and processes of the division to achieve specific outcomes through BDDS programs – this is a global perspective and we often act as a “sounding board” with key DDRS personnel in a problem-resolution format.

- 2) **DDRS Director Stakeholder Group** (formerly known as the Advocates Group): This group takes many of the DD Advisory Council issues and looks at them in more from a perspective of implementation. More specific/detailed discussion happens at this level. In other words, once the “resolutions” are proposed.....this group determines feasibility and strategic planning for making it happen.
- 3) **GAP Analysis Stakeholder Group** – acted in partnership with several different agencies internal and external to system to help deploy communication and data gathering for the University of New Hampshire as they conducted an analysis of the strengths and needs in our state as we strive to meet the needs of the dually diagnosed.
- 4) **Arc Health and Wellness Committee** – a committee formed to make recommendations for legislation related to health/wellness outcomes for people with ID/DD – has nothing to do with crisis or behavior directly though
- 5) Additionally, about once monthly, Hartman will meet with either Nicole, Julie or Anne to troubleshoot and brainstorm around issues facing us as clinicians This allows a great deal of helpful information exchange.

- 6) Hartman noted, that for the sake of total transparency – she also wears these hats:
- a. **President of the Board/CoFounder of Outside the Box** – a not for profit that provides day programming, an expressive arts program and employment services funded by VR. OTB is an organizational member of the Arc of Indiana. The combination of this with a behavioral background has me involved in the following:
    - i. **An Employment Advisory Group** – head up by Patrick Sandy in collaboration with VR Director, Kylee Hope.
  - b. **President/ CEO of Insights Consulting** – a for-profit provider of behavioral and residential services. Insights is an organizational member of the Arc of Indiana and INARF. As a result of my longstanding professional presence in Behavioral Supports, (since the waivers inception in Indiana in 1994,) I am often asked to do training and systems consulting across the state.

#### **UPCOMING DATES/ITEMS TO REMEMBER:**

- 1) **December 3<sup>rd</sup>**: Dr. Nora Baladerian will present to stakeholders about the prevalence and treatment of abuse amongst our ID/DD population
- 2) **December 10<sup>th</sup>**: Legislative presentation of the GAP ANALYSIS findings from UNH
- 3) Keep an eye on the Arc of Indiana Training Institute – a hotel project in Muncie. Courtyard by Marriott will be home to a Thr3e Wise Men Brewery. Slated to be a unique model nationwide training individuals with disabilities toward careers in hospitality, this project is receiving national attention and is slated to be a \$42Million dollar project. Learn more, <http://www.arcind.org/training-institute/>

#### **RECOMMENDATION FOR FUTURE CONSIDERATION BY INABC:**

- 1) Collaboration amongst clinicians from agency to agency. There are many BCs that have amazing expertise in specific areas....lets help each other with perspective when needed to achieve the best outcomes for people we support.
- 2) Consider the theme of ACCOUNTABILITY and how important it is as we examine our systems and see the outcomes of others. Anything you see that is “sub-standard” or seemingly unsafe, or not of quality -- will remain unacceptable without us holding the system to a higher standard. Our consumers deserve better.
- 3) Develop a group within ABC to advise BQIS on quality issues amongst clinicians and a potential accreditation path.

- 4) Be aware of the need for capacity building. With the increase in FSW waivers – many more kids are receiving BMAN supports. Keep in mind the importance of securing BC's that can work evenings and weekends to best support these families.