

In-ABC Meeting Minutes  
November 17, 2006  
1:15pm-3:25pm

In Attendance: Gail Kahl – president, Kelly Hartman – vice president, Jim Sanders – director.

DDRS Representatives:

Adrienne Shields: IPMG, ESN homes. Adrienne is the director of client services. Peter Bisbecos, division director of BQIS – Jennifer Hatchet oversees departments, David Gootee, Reviewed chain of command for DDRS. This division now includes First Steps. John Parks, controller of waiver unit, now oversees Patty Fry. Adrienne is responsible for case management and waiver homes.

Adrienne explained:

IPMG is the now the case management company for Indiana. Beginning Sept 1, 2006 the state down sized to one agency. The state is in 6 districts with a CMO that oversees all the districts; however it is not lined up with state districts. Beginning Jan 1, 2007 only those with 4 year degrees can continue case management services. IPMG has an emergency crisis line. Information will be forthcoming for that crisis line. IPMG must have a contact for all consumers 24 hours per day. Testing for case managers did not go well first round. Follow up tests have improved with ongoing training. Only 13 case managers have quit since Sept 1 (3 terminated, 3 went to medical model, 5 quit, and 2 went back to school). Currently, there are 265 (including intake/assessment) (240 hands-on) case managers. Over 46 % of all individuals kept their casemanager after Sept 1, 2006.

Questions:

1. What is the maximum case load for case managers? – No maximum. The average should not be over 50 consumers per case manager. If a case manager is over that maximum, there is a meeting with IPMG to reduce. There is also a CHOICE statement, or pick list, of those case managers that are available with room on caseload. However, this changes frequently. Adrienne is looking to hire 26 new case managers over next couple of weeks. Gail indicated IPMG has asked to be at Jan IN-ABC meeting.
2. Are the responsibilities the same for case managers as prior to Sept 1, 2006? – The responsibilities have not changed. Case managers continue development of PCP, ISP, annual level of care, and monitor/development of client's team. Intake conducts the annual ISP/PCP/MAPS, but is not a team member. This information will go back to the team case manager for review.
3. Is there an overlap of case management or area with no case managers? –
4. Supervisor is oversight of caseload to step into casemanager role if the case manager drops out. Lafayette area supervisor still has a caseload because choices have not been made to a new casemanager.
5. Though changes have occurred quickly, it has been done smoothly. What can we do as partners to facilitate the continued successes of the case management change over? - If there are issues or concerns, call the CMO directly and express

concerns at local level, even if rumors. Adrienne is looking into creating a position and hiring a quality assurance person/liaison at state to oversee case management and IPMG contracts.

Adrienne also explained ESN homes – Extensive Support Need homes – out of Ft. Wayne center – 14 homes: 4 in FT Wayne covered by AWS, 3 Indy, 3 in Jefferson covered Rescare, 3 in Lafayette covered by Spectrum, and 1 in South Bend. Contact local BDDS service coordinator to place clients in these homes. Criteria are extensive and found through service coordinator. Staffing for these homes – 3 staff 16 hours, 2 staff for overnight. Criteria look at services prior to placement in such a restrictive setting, to keep them out of that setting. If an agency is interested, contact Juman Bruce to apply for service of these homes. Lilia indicated the primary issue is getting homes up and functioning. How it is achieved is still under discussion. Need to build now; finances are up in the air – funds will come later. Providers are moving forward anyway. Three locations will be done by December 2006. Individuals from Ft. Wayne will have waiver slots reserved for them when they are ready to move out of ESN homes. Individuals coming into homes who are currently in community, waiver will be maintained, held. Homes are architecturally designed for behavioral issues. Some behavioral issues will be alleviated by the addition of these homes. BC will be allowed to be contracted, but not necessarily have a BC in each home. ICFMR with a commitment that these consumers will have waiver slots. The outcome – safer program with individuals with difficult behaviors/situations. Plans are in place. Expand capacity for the individuals, and assist in getting along better in community. This strategy started with Ft. Wayne closing. The community must absorb these individuals. These homes are not exclusively for those coming out of Fr. Wayne. May be varied number of days with crisis intervention. George Braddock walked David through a model to assist with severe behaviors.

Questions:

1. Could this include high dollar plans? – yes
2. Is this a temporary placement with intention to place consumers back into community? – yes – There will be a transition plan to work back into community. We realize, some individuals this will not be possible for. Some will be long term. Restrictive measures to maintain community safety are still being worked out. Occupancy of 4-5 beds – designed to be safe. Crisis team will be in charge of emergency placements.

Contact Information:

[www.gotoipmg.com](http://www.gotoipmg.com)

866-672-gotoimp

Lilia Tenny

Annual plan – Generating a letter to all BC reminding them of requirement to have master's degree beginning on Jan 1, 2007. Monitoring will occur through audit process, level of investigation will increase to assure requirements are satisfied. May need to re-coop funds or criminal process if needed. Level of verification will depend on audit process and through IN-ABC.

Question:

What's the process when we know of inappropriate actions by a BC? – File an incident report so that state can investigate BC by BQIS.

OASIS project – 2 vendors, administering ICAP, development of assessment model.  
Dave – time studies to track provider costs. Will begin early next year. Test period of full year 2008. Not known as to where the budget will handle funding for BCs.

Annual plan – Ongoing discussions with CMS, now have specific directives to change in the annual plan. #1, Jan 1, 2007 residential and day services based on days served. To get new daily rates, annualized amount divide by actual utilized days over the year. Varies more than day services 25 % absentee factor – services 15% addition. If person is absent more than 25 % they will still acquire their cost.  
July 1, 2007, uniformed rate for those 2 services, standardized for paying providers.

BMAN – had monthly billing amount. Recognition to change – open/ongoing discussion all taking it back to ¼ unit services. Change has not been made at this time. Rate changes will not occur until July 2007, not Jan 1, 2007.  
Changes will play into change of OASIS project – continuing to discuss whether service was appropriate rather than how many units did the plan get.

Dave Gootee discussed:

Government wants IN\_ABC/BCs input for bettering the services. Need to manage change. Feels that IPMG process has gone well. The feel is that process is moving well and communication is good between IN-ABC and government.

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Kelly Hartman Follow-up

Kelly is providing a survey for BC changes to annual plan. Kelly is asking for feedback based on our experience so far. WE are being asked for our input. Survey included: monthly vs. unit rates, BMAN BASIC vs. BMAN 1, Budgets and rate setting, and case management transition to IMPG.

Question:

Is there discussion of going back to 6 hour basis for BMAN? Yes, and discussion for rate that did not include the 8% reduction from before. Kelly reported that it is understood the “hit” BMAN took with original annual plan.

What about ability to change the hourly rate with changes in behavioral issues which affects the rate? - There will be further discussion on how to get increases after rate/hours have been set due to increased behavior. Currently, standard procedure is to follow BDDS protocol with team agreement, etc. Case manager should be able to put in for the change. Reported by several BCs that this is not being approved by the state even after process has been completed. BCs being told it can only be done with the annual. Kelly would like information to share with Adrienne to get this process more consistent.

What is the status of 460 updates? - Gail sent an email to Jennifer Woods, but has not heard. Jennifer is working to look at service definitions to legislation. Nothing to do with Jan 1, 2007 deadline.

Is there state push for BMAN to follow what case management has become? - No - Service dollars are matched. Case management is an administrated piece to be billed which is IMPG. Rich Metzger – at table with advocates meeting from IPMG. Kelly feels at this time, “we” are finally able to see the holes and work through what needs to be done. Now with contact information of who to go to has provided a step into smoothing out case management problems.

IS IPMG getting better at getting information to case managers? - Yes – for many consumers, many clients came to them on paper instead of computer system. They are working on scanning information – time issue. One BC indicated there is communication on IPMG website to identify BC, meeting date/time, and comments if you cannot attend. Once you are in the system, you will receive meeting information.

Are there part time case managers? Yes, it was a rumor that part time would not be allowed.

What are too many clients for BC? Board had discussed looking at value based standard practice. For example if you have 30 clients what hours are you working with?

Caseloads can vary by hours, not number of clients. Geography is also a concern. Are BCs making commitments outside of their own community.

Decisions will not be made until our recommendations have been made!!!

Also, Kelly provided the letter that is being sent out to families for the annual plan from DDRS. This letter will go out on Nov 20, 2007.

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**Gail Kahl 2007 Proposals**

Concern for inclusion of all members of IN-ABC. The association talked about having an annual meeting w/all BC - 4 meetings a year. Would have interest groups to discuss concerns and issues. Asking members to have an advice committee. Gail had proposal to include more BC from around the state. She will send proposal to all members through email. Concerns came up at this time with members leaving meeting - not being able to have quorum.

Association passed the change of Licensure Committee to the Professional Credentialing Committee.

Interview Panel for Liaison to state:

Discussion of who will be liaison and will there be changes in bylaws?

IN-ABC liaison passed Kelly Hartman - the one applicant that was interviewed by committee.

Kelly discussed what her job type is and looks like.

Ann Bolaski discussed liaison job description

?? discussed the need to officialize the title with Kelly. Ann gave support for Kelly and new position. Members' dues will buy representation with Kelly and state. Kelly is having to spend own personal money to pay for many of the expenses. Kelly said that is not about the money. Kelly said that the money is not the same as if she were billing her time. Money will cover cost and parking time. Amount will be \$4000-6000 per year. Kelly is now a lobbyist. Kelly is the right one for the job. Group is worried about how to pay Kelly and that it could become out of control; the cost of having Kelly spending time with state. Members reporting that could raise \$ for Kelly's lobbying with state. Members are supporting the fact that Kelly is able to speak for BC. Members indicated having Kelly turn in all expenses to see data of cost throughout the year. Gail wants to have members have paper vote to accept Kelly as liaison. RESULT - 28 yes/2 no.

Kelly discussed changing presidency to two years due to short time to get used to position and then out. If vote for Kelly to be liaison passes, she will not be the president next year. Package vote for president/vice president for a two year position. By-laws say once president finishes 1 year then becomes the director. Concerns for vice president spending four years between vice president and president. Do we need a director position with advisory committee? Gail indicated, yes because the president needs director's advice that has been in that president position. Kelly also indicated it is helpful to have odd number on board, keeping director position is needed. Must serve on executive board before becoming the director – in by-laws. Kelly - Motion to have all board positions be elected every year. By-laws stay the same, but each position be elected for one year term with guidelines for director to remain the same. Member suggested staggering board terms, which is what we have now, vice president becomes the president; president becomes the director. 2<sup>nd</sup> motion – Kelly Howard. Favor – passed.

Nominations – will be done through email vote. Description of the candidates will be added to the ballot for those that do not know the candidates.

President – Gail Kahl.

Vice president – Kelly Howard, Ken Nelson

Treasurer – Rob Westcot

Secretary – Ann Baloski, Mary Shawcroft

Director – Jim Sanders,

All positions will also have a spot for a write in.

Vote to send out ballot – passed.

Adjourned at 3:25pm

Respectfully submitted: November 28, 2006 by Kimberly Adkins, Fill-in Secretary