

# Professional Liaison Report (04.19.24)

Kelly Hartman



- Clarification of Roles
- Waiver transitions
- Behavioral Health Commission
- IPP Grant Project

# What I am doing now

- Supporting INABC efforts to achieve mission

*Through professional advocacy, support and development, IN-ABC promotes effective, ethical and quality behavioral services.*

- DDRS Advisory Committee
- IPP Grant: Behavioral Support Services: A Foundation for Redesign (*and collaboration with other projects*)
- NASDDDS/Indiana NCBIY2 (Jim Wiltz and I)
- Employed by ViaQuest Community Solutions
- Consulting (training, assessment, leadership development)
- Serve on Board of Directors for Outside the Box
- National Advisory Board for Center for START Services



# Eligibility

- Intellectual disability, developmental disability, or related condition with an onset prior to age 22 years and is expected to continue indefinitely
- Intermediate Care Facilities for individuals with Intellectual or Developmental Disability (ICF / ID) Level of Care (LOC)
  - Substantial functional limitations in at least 3 of the 6 major life areas
    1. Self Care
    2. Learning
    3. Self-Direction
    4. Capacity for independent living
    5. Understanding and Use of Language
    6. Mobility
- Medicaid
  - Must meet eligibility requirements for compatible Medicaid categories
  - Under the age of 18 years, parental income/assets are disregarded





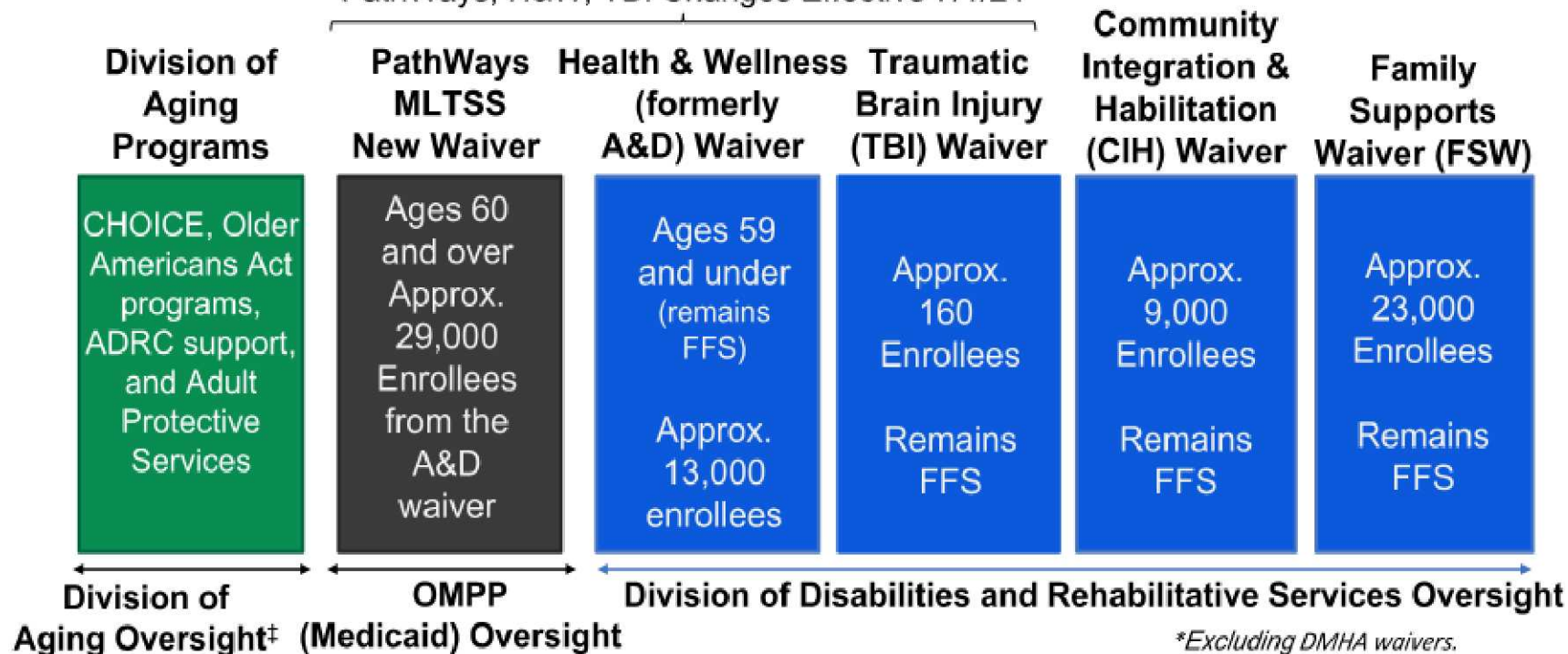
## Waiver Transition – July 2024

- Individuals aged 60 and over on the Aged & Disabled waiver will transition to PathWays for Aging program.
- The Aged & Disabled waiver for individuals 59 and under will become the Health & Wellness waiver.
- The Health & Wellness waiver and Traumatic Brain Injury waiver will move from Division of Aging oversight to Division of Disability & Rehabilitative Services/Bureau of Disabilities Services oversight.



# Future FSSA HCBS Programs\*

PathWAYS, H&W, TBI Changes Effective 7/1/24

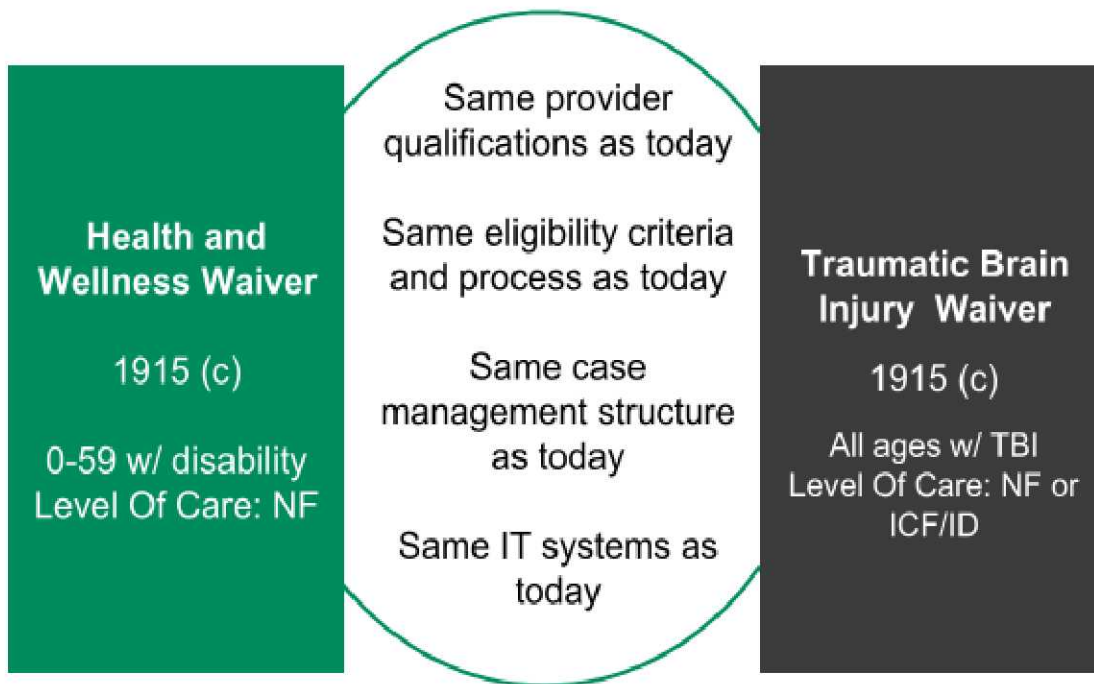


\*Excluding DMHA waivers.

‡The Division of Aging will continue to provide support and subject matter expertise to OMPP and DDRS in managing HCBS waivers.



# Working Toward Alignment Across DDRS & Other FSSA Programs – 2024 Transition Step





## On-Going Initiatives

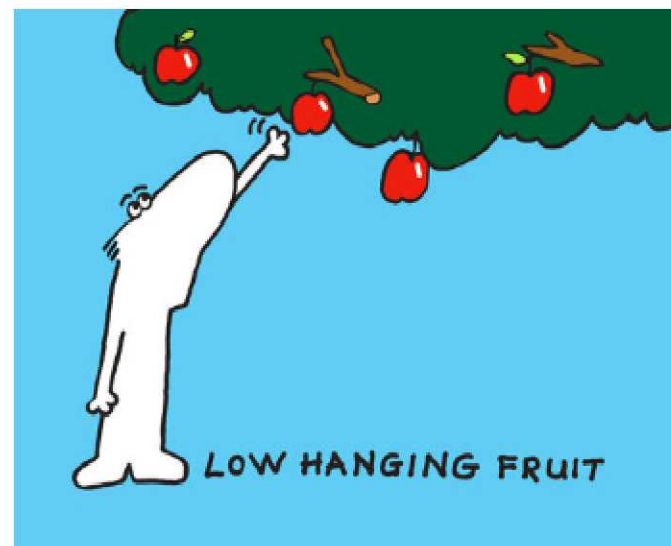
- National Capacity Building Institute
- Innovative Pilot Projects
- Systems Transformation – Competitive Integrated Employment
- Institutional Modernization
- Waiver Redesign/Reset



# Behavioral Health Commission

## Reduce Confusion

- Treat people like people, not diagnoses (address diagnostic overshadowing)
- Simplify navigation of the silos
- Reduce duplicative efforts
  - Clarify titles/roles
  - Increase awareness across disciplines
- Address myth that CMHC's don't serve people with Autism





# Consider systemic gaps & address

*100,000 Hoosiers have I/DD*

*More than 35,000 in services*

*At least 17,500 in services currently have dual diagnoses*

## Services Trajectory for people with Intellectual/Developmental Disability

- SGL: Group Home (*4-8 people settings, 2,500+ beds*)
- ESN Homes: Exceptional Support Needs (*4 beds each x 22 homes: 88 total - behavioral*)
- EMN Homes: Extensive Medical Needs (*4 beds each x 20 homes: 80 total – complex healthcare*)
- Home & Community Based Waivers (*intermittent 23,407 or full time 9,050 – February 2024 BDS data*)

## GAP – What if there is a crisis?

- ❑ **No specialized technical assistance or resources**
- ❑ **No specialized Mobile Crisis Program**
- ❑ **No dedicated inpatient (acute) psychiatric beds for people with dual diagnoses**
- ❑ **No specialized behavioral health workforce (in CMHC's) for people with dual diagnoses**
- ❑ **No sub-acute residential supports**
  - CRMNF: Community Residential Facilities for Persons with Developmental Disabilities (2 locked facilities with 50 total beds)
  - State Psychiatric Facility (100+ currently with I/DD)
  - Department of Corrections (national average: more than 10,000 incarcerated in Indiana participated in some kind of Special Education services while school aged, assumptions based on population data would indicate that more than 5,000 have disability eligibility based on needs in self care/independent living)

# Explore Health Home Model

- Section 2703 of the Affordable Care Act authorized incentives for states to establish Medicaid Health Homes
- Health Homes are for people on Medicaid who have two or more chronic conditions; have one chronic condition and are at risk for a second; or have one serious and persistent mental health condition
  - Improve person centered care for people with dual diagnoses
  - Improve access to primary, specialty and preventative care
  - Reduce costs of reactive health care
  - Improved transitions between settings and referral to needed resources

# Behavioral Support Technical Assistance & Resource Team

DMHA/DDRS in partnership\* could create a high acuity “clinical dream team” as a proactive/preventative resource for HCBS clinicians, CMHC staff, families and teams challenged with dual diagnoses.\*\*

- Build capacity at every level – support efforts for cross system improvement
- Objective high acuity interdisciplinary assessment with recommendations
- Create/source/maintain “best practice” training and national standards
- Work with quality systems to address trending issues with high acuity behavioral cases
- Exploration and potential sourcing or development of mobile crisis program\*\*\*
- Support efficiencies in policy development and service delivery between divisions
- Collaborate with DDRS/DMHA liaisons as needed

\* *Alabama, Delaware, Maryland, New York, Tennessee*

\*\* *Louisiana, Pennsylvania, Alabama, Missouri*

\*\*\* *UNH Certified START mobile crisis program currently in 16 states*

# IPP Grant:

## *Behavioral Supports – A Foundation for Redesign*

### **Initial proposed outcomes:**

1. Address variability in clinician through foundational curriculum
2. Explore tiered service delivery system with related tiered reimbursement methodology
3. Service definition revisions
4. Limited service delivery options – explore group

### **Pivot and Progress:**

- Professional training series – excellent feedback
- Lots of research on best practices, pockets of excellence, national trends
- PLEASE give feedback when asked (surveys, participation)
- Will recommend group option but not demonstrate in pilot
- Capacity Building/Resource demonstration for high acuity behavioral cases
- Exploring templates for FBA/BSP/Quarterly Reports
- Exploring ideas through lens of cost efficiency, adjusting rates, purpose of service

**EMAIL QUESTIONS/CONCERNS/TEMPLATES TO: [in.bxsup.ipp@gmail.com](mailto:in.bxsup.ipp@gmail.com)**



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