



2024
Annual Membership
Conference

What's Shaping Tomorrow

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Reality

Waiver Funding 101

Current System is not sustainable

- ✓ If you look at our state's population growth since January 2020 (measure pre-COVID) it is estimated to have grown less than 2%
- ✓ However in the same period of time, people participating in Medicaid program increased by 39%
- ✓ It is estimated currently that about 25% of all people in Indiana are on Medicaid.
- ✓ Waiver applications: **2020** (3555) vs. **2024** (@9708)

Politics

✓ **Presidential Election:**

- It's not as important who is President as who is in charge of CMS (Centers for Medicaid & Medicare Services) but obviously the Presidential outcome will impact this decision

✓ **Governor's Election:** Medicaid is a “state run” program, whereas each state has the authority to run their program as they see fit with funding available.

- Braun is leading by +2-11 points in all available polls
- Mitch Roob, former FSSA Secretary under Mitch Daniels is running point on his healthcare appointments
- Under a Braun administration it has been reported that they do not believe that managed care (in it's traditional sense) would necessarily lead to better outcomes for people or decreased cost.
- Unclear if all FSSA Department Chairs would be replaced

Legislation

- This is a budget year (FY 7/1/25-6/30/27)
- Proposed legislation outlined in the Behavioral Health Commission Report seeks to raise millions of dollars for Mental Health Initiatives via raising additional taxes on alcohol.
 - Targeted areas of improvement: Aging, Students, Individuals with Intellectual Disabilities
 - Specific I/DD Recommendations:
 - Stop using title of Behavioral Consultant in DMHA Wrap Around Services to decrease confusion
 - Create a co-funded Clinical Liaison position between DDRS and DMHA to specifically advocate for service models, training and funding to better support people with dual diagnosis
 - Continue exploration of a dual diagnosis braided waiver program.

Innovation Pilot Project – Level 1

Kestrel Behavioral Health:

Best Practice Model of Level 1 Supervision

- ✓ Improve quality of supervision for both BC's and the people they support
- ✓ Empower true clinical supervision relationship
- ✓ Promote consistent process for how supports are delivered
- ✓ Encourage collaboration amongst Level 1 clinicians (agency to agency)
- ✓ Include face to face time with BC's
- ✓ Reduce billing for signatures only
- ✓ Level 1 will have to be available at some interval for questions and true clinical supervision

Innovation Pilot Project – BSS-Basic

ViaQuest Community Solutions in partnership with Opportunities for Positive Growth: Behavioral Supports – A Foundation for Redesign

- ✓ Right size reimbursement methodology to match expertise and billable activity
- ✓ Foundational training requirement for all BC's
- ✓ Flexibility to meet needs in a true consulting model
 - ✓ Group options
 - ✓ Behavior Coaching as an option
 - ✓ Selective service design for specific individual needs
- ✓ Standardized templates to support DSP competency
- ✓ Clinical Resource Team for system support
- ✓ Accountability factors built in with “boundaries” to avoid excessive cost increases (cap, admin review, rate increases, mid level practitioner numbers)

Other IPP Grants

(Google DDRS IPP Grants – Trajectory for each project – videos at the bottom of the page)

- **Community Partnership/Community Change** - Employment, Belonging, Adult Changing Stations, Housing
- **Information & Skills for Individuals:** PEERS Program, Resource Fairs, Waiver education, virtual training for people with ASD and their teams
- **Supporting those that Support:** Strengths based supports, case manager training, hospice training, spiritual support, DSP mental health, medical training
- **Support through Technology:** telehealth, remote supports, virtual reality
- **Current models of payment and Services:** Behavioral training for caregivers, value based payments, shared living models, transportation for employment, group music therapy, BSS-Basic Redesign, BSS-Level 1 Best Practices, spiritual support program

National Trends

- Managed Care
- Lobbying efforts to address challenges of primary diagnosis
- State side clinical resource to support high need cases/dual diagnosis
- Settings rule and systemic paradigm shift toward strengths based approaches
- Integrating Trauma Informed Approaches
- Exclusive use of evidence informed practices
- Accountability at all levels within Medicaid

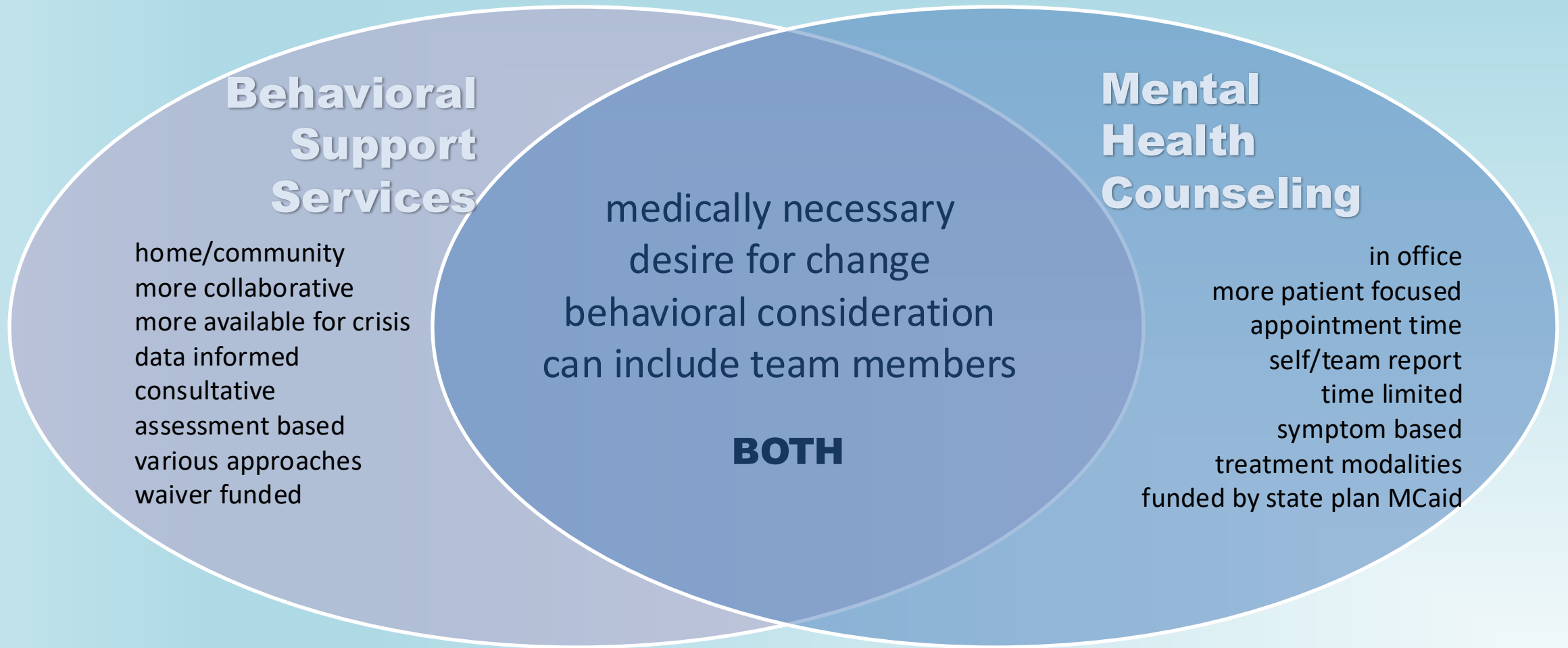
Managed Care

- Managed Care is a health care delivery system organized to manage cost, utilization, and quality.
- Can be an arrangement with MCO's who will accept a set amount, per member, per month.
- Managed care has been used since the 1970s and is believed to reduce program costs, better manage utilization, improve outcomes, increase quality.
- Some states are implementing a range of initiatives to coordinate and integrate care beyond traditional managed care. This can include payment incentives with performance goals, and building in accountability for high quality care.

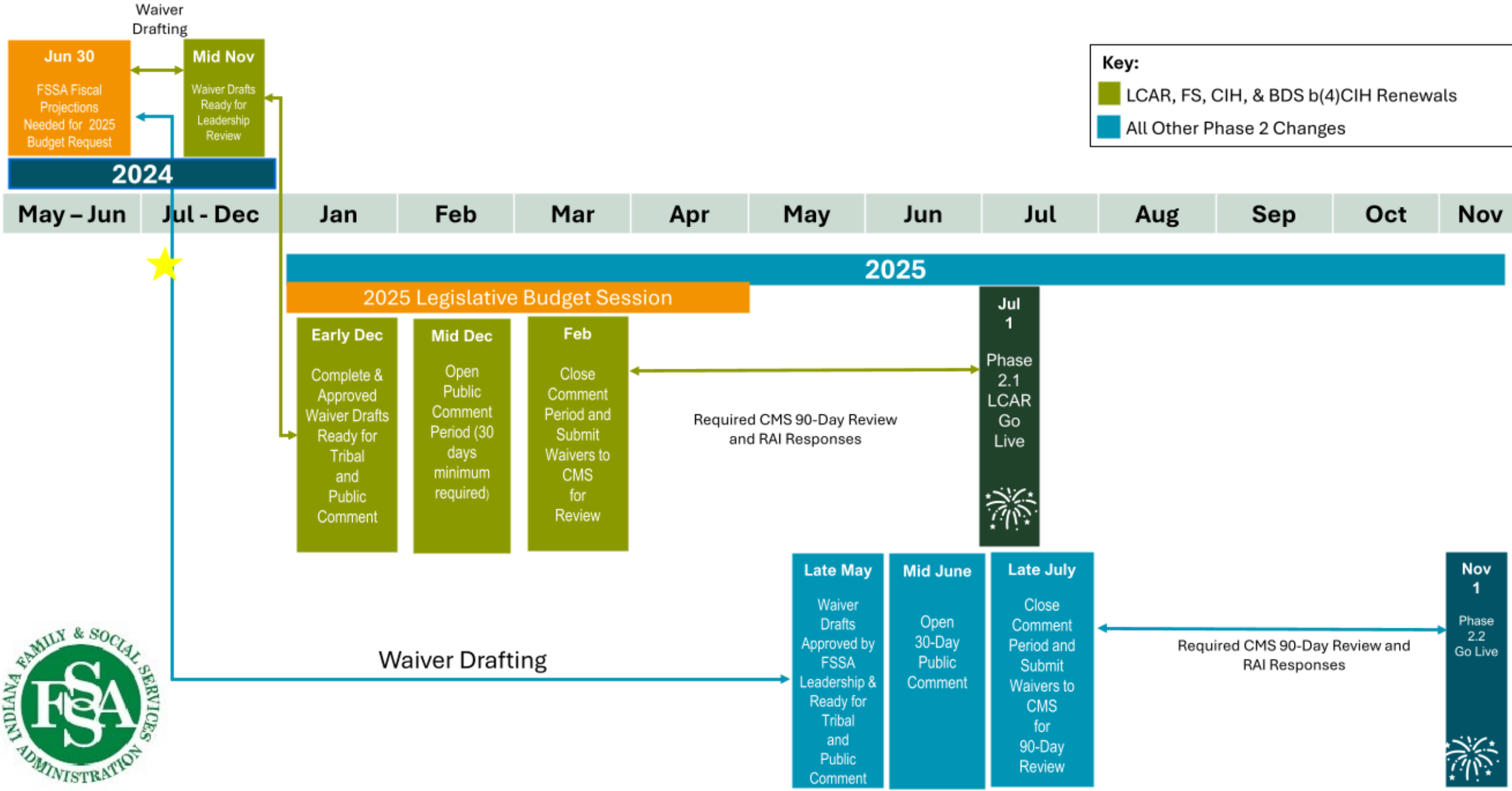
Indiana Context for Discussion

- Sometimes “bad actors” or chaos can define the path forward. We have to assure that behavior within our own profession doesn’t impact our collective future.
- Budget and utilization (example of 720+ units per year)
- Ongoing Fear: 1915 (b)(4) option of selective contracting -- permits a State to restrict the provider from whom Medicaid beneficiaries receive services as long as such restrictions do not substantially impair access to services – can be used to limit number of providers, increase accountability, and is a contractual agreement with very specific outcomes.
- Knowing and staying in our own lane

What the Difference?



2025 Waiver Amendment Timeline - targeted 7/1/25 & 11/01/25



Us – We are shaping tomorrow!

**Be so good
they can't
ignore you.**

- Steve Martin -



- ✓ **Questions?**
- ✓ **Ideas?**
- ✓ **Thoughts for the future?**

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