



Liaison Report

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INABC 11/5/25

Liaison Report – Nov. 5, 2025

- ▶ **Liaison Activities**
- ▶ **Waiver Amendments effective 12/31/25**
 - Public Comment
 - Recent Updates
 - Behavior Support Guidance from BDS
 - New Enforcement through Case Management
- ▶ **Conclusion – What comes Next**

Professional Liaison Role

- ▶ **Work Closely with INABC Board**
 - Membership Meetings
 - Conference Planning
 - Official Replies to State Initiatives
(e.g., public comment response after member survey)

- ▶ **Answer Questions from Members**

- ▶ **Represent INABC**
 - DDARS Advisory Committee
 - Blueprint for Change with Indiana Arc

Waiver Amendments

- ▶ **New FSW & CIH Waivers – 12/31/25**
 - “Sustainability”
 - State wants system to start changing now, which has been communicated to Case Management
 - New Case Management contracts 7/1/26
- ▶ **INABC submitted Public Comments**
- ▶ **Almost no changes from *any* Public Comments**
 - Signature of Individual / EVV was taken out
 - Clarification on support in schools / Contract BCs

BSS Service Component	Description:	Budget Maximums:	Requirements: (no more than one direct component can be delivered in the same time period or concurrently)
Consultation - NEW (direct)	Streamlined support for individuals that do not need full and comprehensive BSS package to meet their needs; may also be used for those who have achieved stability but still desire intermittent support for maintenance.	Up to an average of 3 hours monthly or a maximum of 36 hours annually.	Consultation report on state approved template and Quarterly Reports; Full FBA and BSP are not required.
Functional Behavior Assessment (direct)	Intended to be a comprehensive bio-psycho-social assessment resulting in a report that identifies both wanted and unwanted behaviors; hypothesizes causal factors and makes recommendations toward appropriate BSS service components. This acts as a foundation for BSP development if needed. This is not an annual process, but re-evaluation may be requested if there is significant life change or transition.	Up to 20 hours over a 60 day period . This comprehensive assessment should truly occur once at the beginning of service and only be reaffirmed annually.	Completion of FBA Report on state approved template; quarterly report not required. This component is required as a prerequisite to Comprehensive Behavioral Supports.
Comprehensive Behavioral Supports (direct)	This is essentially the BSS-BASIC service as it exists today. Based on the FBA, a Behavior Support Plan is developed; training, retraining and consultation with individual in services and their team; reaffirmation of the assessed needs as outlined in the FBA. All strategies will be trauma informed and will only use evidence-informed approaches.	up to an average of 12 hours monthly or an annual maximum of 144 hours annually. STBR may be submitted in high needs situations for a temporary increase.	BSP developed based on FBA recommendations and findings using state approved template; quarterly report is required; Clinical Supervision (an indirect component) may be a chosen but is required only when restrictive interventions exist (not including psychotropic meds to address a mental health diagnosis).
Clinical Supervision <i>MODIFIED</i> (indirect)	This remains in practice as it exists today (Level-1.) While provider qualifications and requirements change, any individual with direct BSS components can still choose this service. Clinical Supervisor must be different than BSP author.	up to an average of one hour monthly or an annual maximum of 12 hours annually.	Required only if restrictive interventions are integrated into a BSP (not including psychotropics used to treat a mental health diagnosis); Provider qualifications expanded to include MA level clinicians with licensure (LMHC, LMFT, LCSW – in line with SEA82).

Behavior Support Components

- ▶ **Consultation** (*Direct Component*):
 - Small budget, no FBA/BSP required, but quarterly is
 - Cap 3hrs/month
- ▶ **FBA** (*Direct*):
 - Just an FBA – maybe required or maybe not (*choice?*)
- ▶ **Comprehensive Behavioral Supports** (*Direct*):
 - Basically what we have now with 144hr/annual cap
- ▶ **Clinical Supervision** (*Indirect*):
 - now LMHC, LMFT, & LCSW (*w/ 5yr. exp.*) / Also HSPP
 - Only required for plans w/restrictions (*meds are not*)

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Significant Changes

▶ 12-hour cap

- Limits choice, even when no access to other options (e.g., PAC).
- Realistically, can the people we support live with 12? If not, filing an STBR is an option.
- 2024 data: 649 were *over* 15 hours (*180+/year*)
 - \$7.5 million (*what about 13, 14, & 15 hours?*)
 - **Message:** this is our rate cut

Significant Changes

- ▶ **Medication no longer a Restriction**
 - So no “required” Clinical Supervision
 - PRNs – yes on required Clinical Supervision
 - Med list and history, but no reduction plan

- ▶ **State-approved Templates:**
 1. FBA
 2. BSP
 3. Quarterly Report
 4. Consultation Report (*new reporting requirement*)

CIH & FSW Amendments

- ▶ **New Timeframes** (*longer than now*)
 - Meet new client in-person within 30 days
 - FBA within 60 days of first meeting (total 90 days)
 - BSP within 60 days of FBA (total 150)

- ▶ **New Requirement**
 - “Expected” that at least 75% is in “direct consultation” with individual and team
 - preparing BSP & quarterly reporting
 - research & other paperwork,
 - time spent in Clinical Supervision,

What to Expect Next:

▶ Templates

- Part of our public comment was requesting to take part in their development (*sound of crickets*)
- FBA guidance from BDS probably is what it will look like – it also has “compliance” standards
- If FBA is in compliance on 1/1/26, no entry into template is needed at first - otherwise 2 months FBA

▶ Hourly Caps

- Case Managers will be making changes to budgets
- Likely will just multiply months left on budget x 12

▶ Enforcement of Timelines

- Late on Quarterly Report – notice then complaint filed

Next Year:



Next Year:

▶ Waiver Reset

- Both Waivers redone from ground up
- Includes new version of OBA and ALGO scores
- New arrays of service
- Not sure what happens to Behavior Support
 - Likely will work in our favor if we make current changes seem workable
 - Will they save money?
- Rates could change – even before Reset ??
- Target of 2027

Questions?



Thank You!



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Behavioral Health

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