

1102 Recommendation Categorization

Recommendation Number	Recommendation Text	Legislative/ Administrative	Policy?	Appropriation?
4.5	Increasing, as soon as possible, the current state-wide average wage of direct support professionals to a level competitive with other service sector and healthcare jobs using current Bureau of Labor Statistics salary data through funding an increase in base compensation coupled with potential additional compensation tied to completion of a state authorized/approved training that significantly enhances the direct support professionals' skills.	Legislative	Yes	Yes
4.7	The implementation of a public registry listing direct care staff who the Division of Disability and Rehabilitative Services has determined have committed certain offenses that bar them from employment supporting people with developmental disabilities in the state of Indiana.	Legislative	Yes	Yes
1.5	Increasing funding for Vocational Rehabilitation Services to ensure the program can address the fiscal deficit, increase Vocational Rehabilitation Services staffing resources, ensure appropriate reimbursement rates for providers to cover costs and recruit and retain staff, and allow expansion and innovation of Pre-Employment Transition Services.	Legislative		Yes
2.6	In collaboration with stakeholders, Indiana shall explore, expand, and promote workforce initiatives to help employers in hiring individuals with disabilities to create an inclusive workforce, which may include access to tax incentives, recruitment and retention strategies, training resources, etc.	Legislative	Yes	Yes
3.1	Since investing in early childhood development is more effective and less costly than addressing problems at a later age and due to increased referrals for early intervention services, the First Steps program receive enhanced funding in order to sustain a high quality early intervention program for the children and families it serves.	Legislative		Yes
4.1	The First Steps program invest in its workforce to keep pace with demand by increasing the number of service coordinators and providers, and paying service coordinators at a rate that is competitive and supports effective recruitment and retention. This action will also assist in broadening the network of specific services needed in the early intervention system to appropriately serve families and children.	Legislative	Yes	Yes

1.2	An appropriation, to be known as the 1102 IDD Task Force Community Living Expansion Initiative, to fund Medicaid HCBS waiver slots for non-emergency priority placement using criteria developed by the Division of Disability and Rehabilitative Services to allow some level of expansion of individuals seeking to live in the community, away from their family, while creating the opportunity for families to support individuals in making this transition to living away from their family.	Legislative	See 1.3	Yes
1.3	Modifying current legislation dictating waiver placement priority to current Medicaid HCBS waivers.	Legislative	Yes	See 1.2
3.5	The establishment of a statewide IDD crisis response program utilizing all available federal funding (i.e., Medicaid HCBS waiver, etc.) and as needed/required state funding with the following crisis best practice components...	Legislative	Yes	Yes
3.6	Encouraging the support of our active duty and veteran military members in Indiana in obtaining services for their children with IDD; and, pending CMS approval, creating a priority status on the Medicaid HCBS waivers for children of active duty and veteran military families.	Legislative	Yes	Yes
3.10	Indiana to encourage efforts to increase the use of supported decision-making and other alternatives to guardianship.	Legislative	Yes	
2.3	People with IDD, or their interests, are included in the state’s initiatives related to the development and use of driverless vehicle technology in Indiana, to ensure it advances freedom and connectivity to community for people with disabilities.	Legislative	Yes	
4.8	Appropriations for DDRS and other state agencies sufficient to develop, plan and implement Task Force recommendations in keeping with timelines specified in this report or, in the absence of a specified timeline, at the earliest date possible.	Legislative		Yes
1.1	The Division of Disability and Rehabilitative Services develop a Medicaid HCBS waiver system with a full array of services and tiered supports to ensure flexibility of services and systems to meet the unique needs of all individuals served, accounting for age, family and community support systems, behavioral and mental health needs, and health factors.	Administrative	Yes	
1.10	Given the historic trend of reduced use of settings with institutional funding, Indiana review those settings (i.e., ICF/IDDs, nursing facilities, and state operated facilities) with a focus to modernize the system and potentially reduce the number of institutional settings for individuals with IDD. The review will include a group of stakeholders including self-advocates, advocacy organizations, state regulatory agencies, provider organizations and representatives of the 1102 Task Force...	Administrative		

1.4	The Division of Disability and Rehabilitative Services convene a group of diverse stakeholders to assist with waiver redesign.	Administrative	Yes	
1.6	It is important that Indiana create an economy and workforce where youth and adults with disabilities, including individuals with significant disabilities, have real opportunities to become competitively employed, use their talents and skills, work alongside other Hoosiers, and earn meaningful, competitive wages, consistent with a person’s right to make an informed choice about employment options that meet their needs and preferences. The 1102 Task Force supports the efforts of the Indiana Rehabilitation Commission and DDRS to implement Employment First in Indiana and encourages their efforts to develop policies, practices, and service delivery models to facilitate increased competitive employment options as the first and preferred outcome of services for people with disabilities.	Administrative		
1.7	The development and promotion of public and private sector partnerships that support youth acquiring work experiences, skills, and access to resources and programs that lead to a successful transition from school to competitive employment or additional education. Strong transition partnerships should be considered as part of any new Medicaid HCBS waiver design and services offered.	Administrative		
1.8	Developing, expanding, and promoting housing options, especially permanent support housing, for all people with disabilities that allows for informed choice for them to attain affordable, accessible, and integrated housing in communities they choose to live in (rural or metropolitan). As options are being developed, the Task Force encourages the modernization of housing development projects to reflect current technology and the modernization of existing housing resources and programs at both the federal and state levels, addressing the need to continue to use shared service support.	Administrative		
1.9	The Division of Disability and Rehabilitative Services develop and adopt a Shared Living model, as a residential service option, which resembles the most successful Shared Living programs in the United States such as Colorado and Pennsylvania. The current Structured Family Care Giving model used by Indiana does not provide the proper reimbursement methodology to provide the robust supports needed and displayed in the most successful models around the country. Therefore, the Task Force also recommends the Shared Living program use the same algorithm level structure as other Medicaid HCBS waivers versus the current tiered structure of Indiana’s current Structured Family Care Giver program. It is also the recommendation of the Task Force that the Shared Living program ensure participants have access to the same services	Administrative		

	available to people who utilize current residential services such as day services, music therapy, and Wellness Coordination, in addition to the daily rate funding needed for the Shared Living program itself.			
2.1	To improve access and consistency of information for individuals and families regarding disability services and resources across the state, the Division of Disability and Rehabilitative Services and the Indiana Housing and Community Development Authority coordinate and collaborate on improving Indiana 211 for disability specific information and referrals to ensure information systems are accessible, reliable, and responsive to the needs of individuals and families when seeking such information.	Administrative		
2.2	The representation of a provider of Vocational Rehabilitation Services for people with disabilities and Bureau of Rehabilitation Services to the Governor’s Workforce Cabinet.	Administrative		
2.4	Developing transportation strategies promoting independence and employment through collaborative efforts of key stakeholders and public-private partnerships across rural and urban areas. This may include addressing multijurisdictional issues; encouraging more funding for public transportation models; working with state and local transportation boards to ensure representation of individuals with disabilities; improving existing infrastructure to be fully accessible; facilitating the use of private ride sharing systems; and, encouraging the development of innovative options such as driverless vehicles.	Administrative	Yes	Yes
2.5	Maximizing the incorporation of technology in the delivery of services to people with disabilities to increase individuals’ access to community services, natural supports, and assist in addressing the direct support professional workforce shortage.	Administrative		
3.2	The creation of a services and support system that supports and promotes self-advocacy, independence, and informed choice which leads to a good life.	Administrative		
3.3	The design and implementation of a self-directed care model in Medicaid HCBS waivers administered by the Division of Disability and Rehabilitative Services for	Administrative		

	individuals to convert their shift model to a version that allows them to hire people they choose via a fiscal intermediary.			
3.4	That adults who participate in Medicaid HCBS waiver services be allowed, through informed choice, to receive direct services and supports from one or more family members to meet their assessed needs; and that no individual family member be allowed to provide more than 40 hours of support, within a seven day period.	Administrative		
3.7	The Division of Disability and Rehabilitative Services encourage the use of emerging technology in Medicaid HCBS waiver service delivery.	Administrative		
3.8	Telehealth be approved as a viable and approved service delivery method for services, for example Behavior Management and Wellness Care.	Administrative		
3.9	The inclusion of peer specialists as a Medicaid HCBS waiver service, enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities.	Administrative		
4.2	The creation of an array of living settings that support people with disabilities living in a setting of their informed choice that allows them to enjoy their interests, hobbies, and preferred lifestyle.	Administrative		
4.3	The creation of an array of employment options that leads to a good life with independence and respect for people with intellectual and developmental disabilities and ensures informed choice. The array of options should provide opportunities for people with all abilities to work that provides for growth, respect, preferences, and interests. In developing this array of options, a stakeholders group, led by Self-Advocates of Indiana, must come together to discuss the use of 14c certificates (sub-minimum wage) in Indiana in 2019 and develop strategies to assist provider agencies to transition away from utilizing 14c certificates.	Administrative		
4.4	Developing a plan to enable the Bureau of Rehabilitation Services to serve all Order of Selection priority categories by 2021, or as soon as possible, which would rely upon increased fiscal and staff resources.	Administrative	Yes	Yes
4.6	The development of a state approved outcome and competency-based training curriculum for direct support professionals. The purpose of the state-wide training is to ensure consistency of quality training, reduce training replication for providers, and to further professionalize the direct support professional workforce; and, the development of a state-wide registry of professionals who have undergone this training and curriculum.	Administrative	Yes	Yes