

>> MIKE FODDRILL: Good evening, everybody, and welcome to the Indiana statewide Independent Living council's greater Town Hall. I would like to thank you for taking time out of your evening to join us in person and on the screen. My name is Mike Foddrill, the director of the Indiana statewide council, INSILC. A little bit about us. INSILC is a nonprofit for choices and access and opportunities for our peers with disabilities across the state. We're a council primarily made up of people with disabilities and we work alongside of Indiana's Independent Living which provides direct services for people of any age with disabilities at no cost to make their own choices independently and make choices in their own communities.

We're having some technical issues, and be back in one second.

>> MIKE FODDRILL: Okay, why tonight matters. Public input, especially from people with disabilities is central to our work, we need to know what needs to change, what we should prioritize and what we're missing. Our job is to listen to our peers with disabilities and apply it to what we learn to everything we do. INSILC, and the Centers for Independent Living, create the state plan for Independent Living, which outlines our goals and activities for the next three years, and we're now creating the 2027 through 2030 state plan, and the first forecast for goals and objective is ready for public input. We invite everyone to review these goals and give feedback for us to incorporate. There are several ways for us to do that.

If you're watching online, you can go to the website, [INSILC.org](https://insilc.org) and click on get more info in the topmost section about tonight's Town Hall event on the draft and goals and objectives and to learn more about the process. If you're with us in person tonight, you can scan the QR code on the seat, once you review the draft goals and objectives, you can take the survey or send your feedback via info to info at [Indiana INSILC.org](mailto:info@indiana.insilc.org).

If you have any questions, please visit our table in the hallway or by completing the contact form at [INSILC.org](https://insilc.org). We wanted tonight's event to be fully accessible, so we have American sign language interpreters and CART services with us tonight. To access the captions on your phone, you can scan the QR code on your seat or visit [INSILC.org](https://insilc.org) and click on the get more info in the section about tonight's Town Hall event and you can find a link to the captioning. To those joining the live stream, someone is monitoring the chat for accessibility issues and gathering questions for the Q&A segment of the night's

program. We'll do our best to answer all of the questions and get to as many audience questions as time permits. If need assistance accessing anything at the meeting tonight, please see one of our INSILC staff members as Katy and I and Riley are here to help. Fortunately, we're able to have our Town Hall in the catchment area for accessABILITY.

Tammy leads the organization and carrying out the mission and strategic mission by the board of directors. She champions a more is more philosophy, more services for more people with disabilities, and creating greater independence and stronger communities. Tammy is especially passionate about violence and assault and improving life for people with disabilities, she brings nonprofit experience and a strong background including a degree from Perdue, university. Tammy's belief that determined people working together can create meaningful change, something that she sees in her work at accessABILITY. She is a gardner and historical actor and has never met an alpaca she doesn't like. And hopefully there's an awesome story about that that we'll be able to hear tonight. Let's welcome Tammy

>> TAMMY THEMEL: Hi, I'm Tammy Themel, and I'm one of ten CILs in the state of Indiana and I'm happy to be able to introduce our fellow panelists up here for the night. As accessABILITY, we support consumers and people with disabilities and any things that they wish to do to increase their independence. We do that with 70% of our staff and 80% of the board are people with disabilities themselves. We support consumer choice by connecting them to supports that they need to live and participate fully in their communities. If you live in the greater independence -- it has been a long day. The greater Indianapolis area, and you want to learn more, stop by the table in the hallway or go to [INSILC.org](https://insilc.org) and get more information about tonight's event. We're eager to present a discussion about Medicaid waivers. Two from FFSA and one from the Arc of Indiana. The facilitator discussion will be followed by audience questions. Please welcome them.

Cathy Robinson is the deputy director of FFSA's division of disability and rehabilitative services, which oversees programs and services for older adults and people with disabilities. She brings more than 20 years of experiences and human services and has built strong problem-solving and championing across Indiana's disability system. She helps guide support Independent Living and community inclusion and has access to state services.

She has played a key role in options and organization, and equities for people

with disabilities and their families. Cathy is known for bringing people together, fostering transparency and driving improvements that are meaningful in the lives of Hoosiers.

Holly Wimsatt is focused on services and supports for children with disabilities. Holly works with people with intellectual and developmental disabilities and their families after graduating from Indiana university, Bloomington. She started as a provider for residential and day services. It was here she found her passion to meet people where they are, and help support them as they create the life they want to live. Holly worked in the case management realm and supported people as they navigate systems, including home services. In 2003, she accepted a position as the disability services office. She enjoyed working with people and being a resource for people. Holly has since worked in a variety of opportunities to learn from remarkable victims and their families.

And finally, our discussion facilitator is Kim Dodson. She was appointed to serve as the executive director of the Arc of Indiana in 2013, she joined in 1998 and was moved into the role of associate executive director in 2006. The Arc of Indiana has 41 Chapters throughout the state, representing 69 counties and 49,000 members. It was developed by parents of children with intellectual and developmental disabilities who joined together to make a better and more accepting world for their children. Today, the combined strength of the Arcs and state Arcs and the Arc of the United States makes the Arc the largest community-based organization advocating for and serving people with developmental disability and their families. Kim has experience in policy and government affairs. She has worked for United States congressmen, the Indiana house of representatives, and the chamber of commerce and a contract lobbyist for a local law firm. Now that you've met your panelists, let's begin the discussion.

>> KIM DODSON: Good evening, and it's certainly great to be here at a time in our state. I think that we're very thankful that we have working within our state government that are very accessible and very willing to have conversations in our very transparent into some of the changes that are happening. As Tammy mentioned, I have 30 years experience working with Indiana policy, and I think that the relationship that FFSA is specifically the division of disability and rehabilitation services has had with various holders is pretty unique. We don't see that a lot in other states. And we're really thankful that they are very open to meeting with us to learning from us and hearing us and taking action. I think

that all of us right now know that there's a lot happening both at the federal and the state level. There's a lot of conversations taking place on Facebook. Some of it true and some of it not true, and I think it's really nice that again, we have the opportunity to have this conversation with people who are making decisions, and really trying to make services better for people who live here in the state of Indiana.

With so much happening in our state, I think it's important for us to just recognize and take a moment to reflect that for the last few years, we have been asking the state to do services differently for people with disabilities. I think we started conversations in 2015 about the need to address our Medicaid waivers. When I came to the Arc in 1998, we had about 20,000 people on the Medicaid waiver waiting list. They were waiting about 20,000 years. It was 2009 to 2010 that we redid our waivers, and we created the family support waiver and the CIH waiver, but it was around 2015 that we started hearing from families that those waivers were not serving those getting services on the waiver any longer and we did get challenged to start thinking when it differently. The state heard us and started thinking about it. And I don't think that any of us forget 2020 when everything paused and it stopped some of the momentum that we were having, the conversations and we had to focus on the emergency at hand. And then we had to pick up these conversations again around 2022 and 2023.

And so we're finally at the stage where we are again seriously considering what change looks like with our Medicaid waivers, and where we need to be going in the future. Part of all of that conversation was absolutely around our level of care assessments. And what Indiana was using, and again what we could be doing better. And I think this is a really scary time. Because when there's a lot of changes it's really hard for families and people living these issues each and every day to kind of stay on top of all of the changes, to be able to separate the truth from the myth. And again, when you have one change on top of another on top of another, it can be overwhelming and anxiety inducing. So I think that we again are fortunate to have leadership at DDRS -- I forget there's an A in there now.

We have a technology issue, so give us just a moment.

>>KIM DODSON: So I've been really fortunate to have leadership that not only does a good job, but also trying to make it about who is impacted by the work they do. So I'm going to turn it over to Cathy and Holly to give updates because I

think things are changing each and every day at FFSA, specifically around the level of care and determination process, and I want to give them the opportunity to share updates that hopefully will put minds at ease to the things taking place right now. You guys get to decide who goes first.

>> CATHY ROBINSON: I guess it will be me. First of all, thank you for your attention and your invitation this evening. Holly and I are pleased to be here and have the opportunity to speak to you all this evening, and have this format and avenue to give information. I will just say, as we get started, the barstools are kind of interesting. So we have some notes for us all just because the organizers gave us a list of initial questions just so we had an idea of what some of the items would be that you would want us to speak to, so if you see us looking down or referring to that, it's because we want to make sure that we're really speak together questions that they already gave to us, and we want to make sure that we are able to answer any questions that you all may have when you get done speaking. Appreciate those of you who have also joined virtually evening. I hope that you are able to get updates and necessary information out of this tonight as well.

We have a limited amount of time, so we will try to answer as many questions tonight as we can and try to provide as many updates as clearly as we can. Holly is the smart person up here, so I'm going to have her give the updates around the level of care and some of those elements, and I think potentially, we will have additional questions, but we'll start off there because I think to Kim's point has been a primary area of focus those recently. Holly.

>> HOLLY WIMSATT: Thank you, Cathy and thank you, Kim. You did a great job summarizing over the years, I was reminiscing. Thank you all as Cathy said for letting us be here today and talk with you. This is talking to the people we support and their advocates and family members is probably our most favorite part of our job, because you're our why.

I want to start as Cathy and Kim alluded to, and just providing some context to anyone online or here that doesn't have a lot of experience with eligibility and level of care assessment. So I do want to note, those are federal requirements for home and community-based waivers.

The federal regulations require initial assessment for an individual's needs prior to accessing those services and at least annually thereafter. That's not new, that has always been a requirement for home and community-based

waivers. As Kim alluded to, we did have a change in the tools. Some of the tools we use as part of the assessment process.

These tools assess individual's needs from a broad perspective. They're not just utilized in eligibility determinations, they assess what an individual needs so that that individual's team can support them in whatever area they need support. That may be environmental, it may be some other need unrelated to home and community-based Medicaid waivers. So those assessments happen initially and annually.

That process is -- has several components to it, that annual assessment or that initial assessment. Those components include a guided interview where the assessor in the case of an annual assessment is the case manager when we're talking about the family support waiver and the community integration rehabilitation waiver. There was a guided interview to learn about the victim. There's also that assessor is observing the individual while they're conducting that guided interview, and there's a record review. Those are all components to the assessment process. The tool used again is from a suite of tools. The InterRAI tools themselves are developed by practitioners and researchers, and again, they assess an individual's needs. Through that guided interview. So the assessment process has multiple components. We launched these tools, and this process. This calendar year. In 2026, in January of 2026. And because the tools were new, we have continuously monitored the assessment process. We have of course monitored and communicated and provided training and resources and guidance to the assessors.

Again, that's case managers annually, and that's disability services staff and district offices for those people that are just encountering these and applying for services. I do want to reinforce, because we have seen this in social media. There is no artificial intelligence used in the assessment, nor the determination process. These are assessments that are conducted by humans. And they are reviewed by humans. And they're not -- they do not include any kind of artificial intelligence. So state staff review those assessments before and a determination is made in terms of specifically, we focus a lot on those assessments where it appears as though someone may not need eligibility. They may not have the substantial functional limitations that are required by federal regulation to meet that eligibility.

When that happens, it appears that way, a state staff reviews those assessments. Again, the majority of assessments done today are assessments

of individuals already in services because everyone gets an assessment annually. So that process, we review the assessment and then we again, as we review that assessment, we review the individual's records as a way to verify that the assessment appears to be accurate of the individual's needs.

So throughout this process again, we have monitored outcomes in the assessment process, as part of our quality assurance and quality improvement. As far as recently, we did institute a temporary pause on the reviews of assessments in what's called the pending review queue, right? Because we wanted to make sure, because this is important. And we recognize the importance of insuring that we're assessing individual's and their needs. So we had a temporary pause just to again do some Q&A and quality improvement activities, and we are doing reassessments for individual. who have been assessed. When we see that -- when we identify through our quality assurance monitoring. So again, we're in the process of doing reassessments for a number of individuals. When we learn through the review, or our quality assurance process, that maybe there was a concern, for example, the assessment and regarding the assessment and the completion of it indicate that the person wasn't present for the assessment. That's a problem.

The assessment is of the individual's needs, the individual nides to be there, and these are required to be face-to-face and in person. I always say that, because virtual doesn't count here, right? It's in person, face to face. So if we see something like that, and we have seen some, we are having that individual reassessed. by a different assessor. A subject matter in assessments with the case management organization. The case manager will be there, but the assessment will be conducted by a very skilled assessor within that case management organization.

>> HOLLY WIMSATT: Okay, anything else that you think we should speak to, Kim?

>>KIM DODSON: I think that's a good update. Do you want to talk about how you have responded to some of the things that you have heard firsthand from families who have gone through the process with the other stakeholders?

>> HOLLY WIMSATT: Thank you, Kim. And we do listen and we do see feedback, and we have great partners like the Arc who are very willing to share openly with us and share the concerns that they hear. And that's part of the reason we instituted that temporary pause, right? Again, we know the importance of

accurate assessments, and we want to be sure that we are giving time and space to individuals and families when they have concerns about the assessment process. So we have of course, as I mentioned, we're doing reassessments. We have done some additional refresher training with the assessors, mandatory refresher trainings where we have again reiterated those skills and necessary processes for assessors to follow when they're assessing an individual's needs. We have created individual resources for assessors, we have learning collaboratives monthly, we have trainings and webinars monthly for assessors. So again, really investing in some additional or enhanced training and guidance based on some of the feedback we have seen and things that we have heard in some situations. The example of the person not being present, for example.

>> CATHY ROBINSON: I think to add on, Holly, to what you've said, the additional activities that she is describing, the additional trainings, additional sources and technical assistance, those have been implemented, one recognizing that we have a pool of assessors who are largely waiver case managers, who need ongoing information and training to support that part of their work. But that is also intentional recognizing the concerns that have been brought forth have been around the assessor process, the process recognizes greater consistency in that process, and therefore, that's where the lion's share of the efforts and activities are being focused on is to ensure that from case manager to case manager, the very ability of that assessment process shouldn't be significant. Now, in saying that, I will say that the assessment that the case manager does is a conversation and not a question/answer, yes or no, can you do this? Can you not? It is tell me about your day, tell me how you are able to get ready for your day or leaving your house, talk about that, and it's intended to be a conversation so that the case manager has the ability to have a continual assessment of those areas of need. So to that extent, your conversation may vary slightly because you're going to share information that the person next to you may not be sharing because that's just the nature of how that looks. But the overall assessment process should be consistent. It should be in person, and it should reflect that the assessment was entered at the time, or close to the time when it was conducted. So some of those, as Holly mentioned, quality elements that we have had the opportunity to look at as well as feedback and anecdotes maybe from people that have been through the process, has informed some of these next steps that we're taking to make sure that people have confidence in the process. Because we don't want people to not be confident in the way which we're going about establishing eligibility. And then I just want to further clarify, you know, we have been talking

about the interRAI (inter-rye) I don't know how its pronounced either. But that's how it is. Has been discussed in being implemented by our division for quite some time. We have been discussing a need to move to a different array or suite of assessment tools.

So with the launch of the new assessment tools earlier this year, we recognize we're -- I know it's -- wow, gosh, it's going to be October soon. We have learned a lot in the amount of time that we've had in this first rollout and ongoing, so the reassessments and re-trainings and additional technical assessments are a reflection of the things that we have learned to try to build a better process and make sure that everyone understands what's happening, and going through the assessment process, in sharing some of the assessment information and results after the assessment decision is made.

So we're going to continue to do this plan study on the work that we're doing so we can evaluate further how the current activities are impacting the consistency of that assessment process. So as we learn from that, obviously, we'll have additional information to share in terms of how that's going. But we believe the assessment step is necessary at this point, just so folks understand that we're doing this to try to establish eligibility for people to access services. We're not trying to prevent people from accessing services. Please hear me when I say that. We're trying to make sure that our assessment process is valid and consistent.

And we recognize that there will be eligibility determination decisions from that that are difficult. And we encourage people to hopefully learn as much as you can about the assessment process so that you feel armed and informed with information, but we're certainly not rolling out an assessment tool to try to eliminate people from waiver services, and Holly can speak to the volume of people that we are trying to serve, and that we're bringing into services every single month. So I just want y'all to hear that, because as Kim, as we started this conversation, we are trying to be as transparent as possible about why we're doing what we're doing, and that's the reason for the implementation of a new assessment tool.

>>KIM DODSON: I think we're really glad to see the kind of action of people seeing reassessments, and certainly glad to see the reassessments done by case managers with the more extensive in-depth training so thank you for the feedback and taking action. Can you talk about the timeline of those assessments because there are a lot of conversations taking place about how

quickly those need to get done?

>> HOLLY WIMSATT: Thank you. So we are, as Kim noted, doing or having a lot of reassessments done. That as we do our quality assurance exercises, if you will. We are today planning to reassess more than we were two weeks ago. Right? As we continue to monitor things and look at our quality assurance. So we are -- have informed our partners, our case management organizations, initially, they had three weeks to get reassessments completed. But as that number of reassessments has grown, we have extended that time period with the understanding that the assessments, the most important thing is that the assessments and the assessment process is completed with fidelity, and we don't rush doing an assessment, right?

When we talk about the amount of time case managers have, we work very very closely with those case management organizations, and we -- I mean, it's not an exaggeration to say, we talk to them just about daily about one thing or another. We're all supporting a lot of people. So we should be communicating very frequently. That is an open communication. If there's a target date because any time we have anything we need to get done, we need a target date to be complete. But that's not a hard and fast rule. The person is the most important thing, right? So if, for example, we had someone who was going to have a reassessment and they were out of state for three weeks, family matter, right? Case manager says, hey, we can't get this assessment done, and we're like cool, that's fine, don't go out of state, don't bother them, they're there on a family trip. Wait until they come back, schedule it for when they get back, no problem. Right? So we have communicated to case management organizations, yes, these need to be done in a timely manner. However, you let us know if that timeline doesn't work for the individual, right? Because if it doesn't, we can lengthen it.

>> KIM DODSON: Thank you. Could you also talk a little bit about the plan for increased communication going out to families about this process and your plans for just more of what you're doing?

>> HOLLY WIMSATT: Sure, we are working with Arc and other stakeholders, if you will, on updating or generating a new kind of fact sheet, guidance resource for individuals and families about what to expect, right? From these assessments. They are very comprehensive. They cover a lot of information. If you or a family member has sat through an assessment or participated in an assessment or observed an assessment, you know it's a very comprehensive

process, and the tools are very comprehensive.

So -- I just lost my train of thought. I'm so sorry, it has been a long day. Yes. So we're working on a tool kit and convening a work group to develop a type of tool kit. Additional guidance, additional information, designed specifically for individuals and families so they have a better idea of what to expect as part of that assessment process.

>>KIM DODSON: Could you answer the question, should anybody have experienced interruption in services because of this tool?

>> HOLLY WIMSATT: Great question, no. That's the short and accurate answer. If, regardless of an outcome, as part of that assessment process, if that outcome is that the person is ineligible for waiver services, after that, all of those activities, the guided interview, the record review, the observation, then the second level review by state staff, if a person is determined to be ineligible, their services are not stopped immediately.

They will have 90 days for their case manager and their support team, all those people that are in their lives that they want to include in planning, that would include providers of waiver services, but it could also include people from their faith community if they're very active in their faith community, or their mom, even if she's not guardian, if they want her there, that planning, that transition planning to ensure that person is connected with other resources, if they're truly no longer eligible for waiver services, individuals also have and are notified in writing the right to appeal any decision, right? So if a determination of ineligibility is made, that person is notified in writing, and by their case manager of their right to appeal. If they request an appeal, their services, there's still that transition planning, but their services remain in place throughout that appeal process, and until there's what is called final adjudication. They do not lose their services during that time period. Their waivers are not during that time period.

>>KIM DODSON: What about [...] there are a lot of conversations taking place, and I'll admit that I'm part of that conversation of where the future is for services and supports for people with disabilities. And there's a concern with the current administration just going backwards a little bit in the progress we have made in the last couple of decades, with the institutions to so Leavy invested in home and community-based servants, which we appreciate and that's where we want to go. But there's a concern, and I have it too, I'm not

concerned that the state is going to open up an institution. I'm more concerned that with some of the changes taking place that it might lead to some private providers making larger group homes, opening up more nonhome and community-based service settings. Could you talk a little bit about -- I get the acronym CRMNF, is that correct? Would you talk about that process and what it is and isn't? And then just talk, easy my mind about that institutional question.

>>HOLLY WIMSATT: Happy to do that. So to an earlier point, we are serving more people now in home and community-based Medicaid waivers than we ever have before. And we continue to invite individuals to those waivers based on our waiver capacity. And Kim said that earlier. So that is a good thing. And we're happy about that. We have recently talked about a CRMNF, which is a comprehensive rehabilitative management needs-based facility. And that's why we call it by as acronym, CRMNF, that has that type of facility. We have currently have one in Indiana. It is -- they are -- it is a short-term transitional facility used for -- where individuals with very complex, hi risk behaviors and mental health needs reside for certain periods of time. It is not a permanent setting. It is not -- it does not serve large numbers of people. The current CRMNF facility serves 21 individuals. We're serving I think nearly 50,000 in waiver services.

And again, they're short-term transitional, and the purpose behind be it is for support, critic support during a person's time in that facility so they can transition out typically through a community integration rehabilitation waiver to a more inclusive, less restrictive set. We used to have two of those in Indiana and one voluntarily closed in 2024.

The current one is all male. The one that closed supported male and female. So there's a need for some additional capacity for individuals with very complex dual diagnoses, high risk, mental health needs who also have developmental disabilities. That is -- there is no intent or plan to expand the number of bed cast over what it was when we had two. The facility that closed voluntarily in 2024 had twenty beds available for males and females. So again, short-term facility, not meant to be a permanent placement, meant for people to access when they have those very high-risk needs so they can get some intensive supports and treatment and then transition out to a less restrictive setting.

>>CATHY ROBINSON: I just would add, I think, thank you, Holly. As it relates to

this and it's CRMNF -- don't worry about it. I can barely remember what that means either. We made an agreement and activities not anyone up here, was it? So with that additional, the pursuit of that additional capacity, as Holly mentioned, we obviously have a gap in supporting particularly females who currently don't have what we typically call a step-down option if they're leaving a state psychiatric hospital. They don't have a good transitional space to kind of stabilize and move into a home and community based setting.

And that unfortunately does create and challenges for us and those individuals, so we want to be responsive to that if at all possible. I would say this was also a topic at the Medicaid advisory council meeting I believe, secretary Roak was pretty clear that he and the administration have no intention of going back, so to speak. And so hopefully that was heard. And people recognize, I think he's a man of his word should.

When it comes to those matters, I go to our record and meet with the division, and would just call out -- I'm not going to get the number exactly right, but I know it's hundreds of beds of institutional placements, institutional beds that we have closed in the past five to ten years. It has been hundreds. And so we have made a lot of progress toward focusing and emphasizing the home and community based options for people. And we'll continue to do that. Which is part of the impetus for the waiver reset that Holly is doing.

>> KIM DODSON: Thank you. So please thank Cathy and Holly for spending time with us this morning and answering so many questions. I appreciate that conversation very very much.

We're now going to turn to the audience and online for a question-and-answer segment. It's going to last for 30 minutes. We'll alternate between questions from in-person and online attendees. Someone in the room will be watching for raised hands and they will carry the microphone around the room. Please speak into the microphone clearly and slowly. And please do your best to keep your statements brief and please refrain from asking follow-up questions so we get every question caught and interpreted to those on the screen. We will do our best to answer as many questions as possible. And we again have put forth 30 minutes for this, and we'll take the first question in the room.

>>ATTENDEE: I just got my hours cut. As part of my determination process. and the reason, I work full-time. Okay? And so my question is, I'm one of the few people that -- make more money, and I can't do that and pay sales taxes

and increase y'all's revenue if I don't have the necessary supports that I need to be able to get me to and from work. [applause] So then the result becomes, I'm in a non-restrictive environment, I become unemployed or with less hours, and I make less money and pay less money and require all of you to support me further with SNAP and food stamps and housing subsidies. So when you look at Medicaid reframe, not only from a waiver standpoint, but to incentivize employment and economic independence, but even the Medicaid buy in program, can you all address that?

>>CATHY ROBINSON: So I'll speak to a couple of the points that you brought up. And there are a couple of elements here that I think have also played into people maybe con founding Medicaid eligibility determination, Medicaid work requirements, and Medicaid utilization review. And so with his comment about his hours being cut, that can happen as a part of the Medicaid utilization review or part of the service plan review, and those are also adverse actions that have an appeals process associated with them. Is and those kinds of determinations are looked at in terms of trying to assess the individual holistically and what their support needs are. I don't want to surmise that we always get that correct 100% of the time. There may be factors or situational circumstances that we're not taking into account with the hours that you've been reduced. I think that home and community-based services, if those are the hours being cut because that's different than other Medicaid, there's a difference between some of those, what are called entitlement services and what are not.

And unfortunately, home and community-based services are not considered entitlement services. That makes it really challenging when we're trying to support people to live independently in their community. I think the challenge is figuring out how do we strike that balance? How do we ensure that we're supporting people to be able to gain employment? Gain competitive integrative employment in Indiana and how do we help them to maintain that over time? And I would say that the landscape of that looks very different, depending on the Medicaid budget. That's not a pretty answer. And that's not an easy place for us to be in. Does that mean that you should go without services? Not necessarily. I think it requires us to look at how do we support individuals in their communities.

I think an important point, and then I'll let you weigh in, Holly. We have been, Indiana and our division has been -- we adopted the life course framework many years ago, and I think it's probably almost 10 years ago at this point,

which really was Intended to kind of help individuals and families plan for their lives. Recognizing that that framework essentially acknowledges and recognizes that this system is inherently unstable. Because of the way that it's funded.

And something that my mom -- it's kind of crazy, my mom has always been right. It noise -- annoys me, but one of the things that she has said in this space is not putting all of your eggs in one basket. Because if you do, and something goes wrong in this situation, the Medicaid revenue, the budget is not looking like we want it to look, and we have an issue where people are going to be adversely affected. So I think that service teams really getting together and helping individuals plan, not just for their services and supports from the system, but having a backup plan for what happens if those things are not in place. Or what happens if those things are no longer available.

I think that somebody mentioned Covid and I don't know who started that tonight, I have a little PTSD from that, but if you recall, there were a lot of things that people could not do, access or have available to them. And the only way to navigate that was to have some kind of a backup plan that the staff couldn't show up or doing what they needed to do to support someone. And I know that was a difficult time for everyone. But the lessons I think that we've learned from that was to definitely be looking at alternative options in setting up community solutions and supports for people where you can. And I'm not saying that that's going to solve everybody's problem. It may not solve his problem, but I think if we all did that collectively, we would all at least -- the unknown and the uncertainty of the times we're in may not be as impactful as they maybe are.

>>KATY MYERS: Okay, if it's okay. In the interest of time, I would like to ask one of the online questions. The first person says, the question reads, as an autistic, what kinds of advocacy can I do to help push back against the campaign to bring back forced institutionalization.

>>HOLLY WIMSATT: I can address that. So I can say unequivocally with out any doubt, there's no desire in Indiana to do any kind of forced institutionalization.

As we talked about before, the -- I'm going to assume that the question is related to the CRMNF that we already talked about and just reiterated, that's a replacement facility. That is replacing a facility that closed in 2024 and it's not Intended to be a large facility or the beginning of additional facilities. It is a facility with a very -- they have a very specific purpose, and they are transitional

in how they are able to support individuals. And it is all about preparing those individuals for less restrictive, more inclusive home and community-based services.

>>CATHY ROBINSON: One thing, I will just add as far as how you could advocate your story or success story of you or someone around this matter, and how you are able to thrive or succeed in your community is one of the best advocacy tools that you have. Because people in certain roles and decision making may not know what that looks like. And what resources or tools or support systems that you're accessing in order to be able to live successfully in the community. And we've come a long way, but we also have sometimes forgotten. So I think just those types of success stories do help. And I think reminding people that we got here for a reason, and we got people successfully living in the community for a reason.

>> KATY MYERS: Excellent. Okay, our next question is going to be from Jason.

>>ATTENDEE: Hi, thank you for all of the information, you guys are doing a great job. Here's my question. You talked a lot about reentry. What about people that are just entering the pool?

>>HOLLY WIMSATT: So for individuals just entering, or applying let's say for services, those individuals -- Oh, newly diagnosed. Thank you. So as we -- our beat has district offices throughout the state, right? And part of what we do is provide information resources to individuals who come in our doors. Those are often individuals who are newly diagnosed and we can certainly do our thing in terms of discussing our services and supports, and the assessment process for eligibility and all of those things. But the other thing we do is connect those individuals, right? If you're a family member of someone newly diagnosed or let's say a child, a parent of a child that just recently received a diagnoses of an intellectual or developmental disability as an example, those families and children need a lot of different supports at that time. Right? So we do a lot of connecting people to agencies and entities that can provide some additional information and support. Many times, that includes the Arc. Making sure that families are connected with the Arc so they can be connected to other families and other advocacy groups.

>> KATY MYERS: Excellent, okay, our next question comes from an online attendee. The question reads, my hours were decreased from 62 to 14 without an assessment. What can I do to get some back?

>>HOLLY WIMSATT: So I'll take that, Cathy. So the assessment process that we have talked about, the comprehensive assessment that includes all of those observations, the record review, the guided interview, that today is being used to inform eligibility. That would not, in and of itself, impact a person's amount of service they are receiving. So when I spoke earlier about each someone who is determined to be ineligible, that their services would remain in place, right? Their waivers would not be terminated. That's as a result of that eligibility process.

There are other processes, as Kathy mentioned, service plan reviews utilization reviews on Medicaid state plan on home health services, for example, those reviews are independent of the home and community-based services. So it's often difficult to, when individuals and families share information like that, to really dig down and get more information about where are those hours? Because to individuals and families, its hours of support, right? There's not always a full acknowledgment of where that, what is funding those services.

So the assessments that we talked about would not indicate or lead to today a reduction in services. That would be a result of again, a utilization review, a Medicaid determination, again Medicaid being entitlement, Medicaid waiver not being entitle many.

>>CATHY ROBINSON: I would just add, I think when you see the hours change, there's a lot of reasons why those hours may have changed. And I'll just give like an example so that you can kind of understand some of the, I don't know, the thinking behind it, or evaluation. So there's a service on the waiver called attendant care. And that service is hands on. So sometimes, in the course of that review, sometimes they're not getting hands on service. They're only getting hands on service for a portion of the hours that we were authorized. So I don't know, obviously, I only know what the individual's question was, but there's definitely elements that go into reasons why the hours were reduced, or explanations, and usually within the notice, you are advised of why those hours were reduced. And I would just encourage you to take a look, or go back with hopefully the support of your case manager to explore why those hours were reduced.

>> KATY MYERS: Okay, our next in-person question, I want to say thank you to everyone's patience. We're going to do our best to answer as many as we can in the next 13 minutes that we have left, okay?

>> ATTENDEE: Thank you so much for being here and answering all of our questions. My question, for those with significant disabilities and want to remain independent and not move into a facility, what affordable housing resources are available beyond section 8? Are there housing options or other programs that can work on the home and community-service based waiver to help people navigate those services?

>> HOLLY WIMSATT: That's a great question. And to state the obvious, housing is challenging as a whole, right? In many places, not just in Indiana. I want to be clear that the waivers, the Medicaid waivers, the home and community based services, do not provide housing, right? They provide funding for funding and services and supports, but not housing. Having said that, there is certainly, not through our bureau or division, but there are certainly programs through, and I'm going to get the acronym wrong because I always reverse the letters. IHCD? Thank you.

>> CATHY ROBINSON: Yeah. So I will say that with IHCD, it has been a little bit, that we partnered with -- we can't always do this, because it's not an unlimited resource, but we worked with them to identify with new housing developments that were being created. What's called a set aside, which essentially says for a percentage or a portion of available units that you are building, they have to be accessible. And they have to be available to individuals who have a waiver. And we did that in partnership with them, we also have been more recently exploring how we might be able to leverage money follows the person, which is a separate funding pool, but is able to access to help individuals transition out of those institutional settings into home and community-based settings that are accessible and affordable.

The other thing that we have been looking at with the waiver reset activities that we're engaged in, are there some additional opportunities in that reset work around tendency supports, and other types of resources that we have explored in the past.

Unfortunately, because we don't control housing funds, the best thing we can do is try to partner and have our partners partner. So even some of our approved residential providers sometimes will also have local property management groups and things of that nature to say we have approval of people that we're supporting who need affordable accessible housing and they have more local community connectivity there in order to negotiate or navigate

housing situations for the people that they support. So by no means is this off of our radar, but it's one that we have to permeate through the partnerships and the collaborations that we are able to realize at our division level.

>> ATTENDEE: Hi. So my husband has neuro fibromatosis, and I don't know if you know what that is, but he'd passed onto all three of his kids. The tumor behind his leg became cancerous, and he needed his leg amputated above the knee. And we recently did an assessment with maximus last year, and they denied him. And he has one leg. And they said that he -- they messed up his birthday. And that assessment was over the phone. Which I thought was -- when you said it's supposed to be in person, that made me think, well, last year, obviously they didn't do it right. And then this year, recently, he had another in-person assessment which only lasted 30 minutes in the home and it seemed like they just wanted to get out of there. How can we -- and he was denied again. How do we get a reassessment with someone who is skilled, or get him approved based on the fact that he has one leg, he needs the use of a wheelchair when he takes his prosthetic off, and we have to put in an ADA request in order to live in a handicap accessible apartment. We had to do that without waiver services. Waiver services would help our family a lot. And we keep on getting denied.

>> HOLLY WIMSATT: So can I speak to that?

>>KATY MYERS: Before you answer, we only have 5 minutes left, so I would like to have her ask the final question, and then hopefully you can answer both of them together before you wrap up.

>> ATTENDEE: Thank you. Under the senior citizen gap, turned 55 in January, however, I'm disabled and I've been living in a motel for 18 months with my family. How do I apply for services? That's my question.

>>HOLLY WIMSATT: Okay. So I'm going to try to do this really quickly, because we only have five minutes, and I talk a lot. So real quickly. A couple of things, there's two different levels of care. Okay? Depending on -- you're answering her question right now. Depending on what home and community-based service waiver you're looking for. There are two waivers for individuals with intellectual and developmental disabilities, and that's a CRH waiver, there are health and wellness waiver, and traumatic brain injury waiver. And the health and wellness requires nursing facility level of care. Nursing facility level of care assessments are completed by maximus, our statewide representative vendor

and they're allowed to do those assessments by phone. They can do them in person when requested. But they are allowed to do those assessments by phone.

The other piece I want to mention, the ICFID level of care is the one that requires the in-person face-to-face assessment. One thing about the federal regulations on level of care and eligibility for those Medicaid waivers, to meet that criteria, that eligibility criteria, that person would be eligible for nursing facility level of care for placement in a nursing facility long-term.

For the level of care for the family support waiver and CIH waiver, that person would be eligible for institutional placement in something like a supervised group living or group home.

On the Medicaid waivers, the person is waiving that institutional setting and having those services in their home and community. So I say that because a diagnoses is not sufficient for a person to be placed in an institution, whether it's a nursing facility or a supervised group living home. They have to meet the federal requirements for those placements, which is a diagnoses as well as documentation of needs.

As far as applying for services, if you are applying for -- if a person wants to apply for services like the health and wellness waiver, facility of care, individuals that have medical or physical support needs, usually in the absence, in the absence of intellectual or developmental disability, you can contact your area agency on aging and they'll connect you with maximus for an assessment.

>> KATY MYERS: Okay. I think that is going to wrap up the audience questions. I know that there are so many of you who did not get to answer your questions. My boss, Mike is going to give us a few closing remarks here. Okay.

>> MIKE FODDRILL: Thank you, everybody, I would like to give our panelists, Kathy and Kim and -- a round of applause for coming out tonight. And as Katy said, we know there are a lot of questions that did not get answered. And you can submit those through our website at INSILC.org, and we'll pass those along to Kathy and Holly. And I would like to also do a couple thank you's, our snack sponsor and I notice that we have several INSILC council members tonight. And would you raise your hands tonight and thank you for all of the work that you do for INSILC. And I want to thank our director of operations, Katy

Myers, for planning the logistics for tonight. Great work on that. And I have two asks for you guys. If you would complete the QR code survey to tell us about this event and how we can make it better, and if you could respond to the first draft of objectives for the next state plan, there's a link to that on your seat and we appreciate your feedback. Our vendors will be here until 7:30, so feel free to talk to them and thank you for coming and safe travels.

>> KATY MYERS: If anyone has any questions they would like us to pass along, please visit the INSILC table that's out in the hallway, and we'll do our best to get your question down and contact information and relay answers that we get back to you. Thank you, everyone.