

# Bringing the Best Ideas Forward — Two State Approaches to ARPA-funded Innovative Competitive Grants





A PATH FOR **ME**

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# Maine HCBS Innovation Grants

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AUGUST 2023

# Welcome and Introductions



 **Elizabeth "Betsy" Hopkins**  
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Developmental Disability  
& Brain Injury Services

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Senior Advisor  
National Disability  
Institute



# HCBS Innovation Grants in Maine: Timeline



# HCBS Innovation Grants in Maine: Goals

Pilot service innovations to support a new Lifespan waiver and other system changes

Respond to stakeholder interest in a trial or pilot waiver strategy

Expand services options for stakeholders prior to a new waiver

Use strong project evaluation methods to collect data to inform changes to MaineCare & CMS

Grow the technical and organizational capacity of Maine service providers

Develop peer-to-peer provider resources and networks



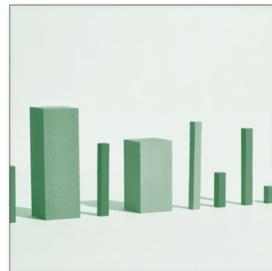
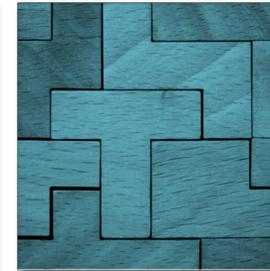
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# HCBS Innovation Grants in Maine: American Rescue Plan Act (ARPA) funds used



\$500K max award  
per project

Total Awarded to  
19 projects: \$7.6M



Average Award:  
\$400,131.00



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# National Disability Institute

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NDI is a national nonprofit organization dedicated to building a better economic future for people with disabilities.

NDI is the first national organization committed exclusively to championing economic empowerment, financial education, asset development and financial stability for all persons with disabilities. NDI affects change through public education, policy development, training, technical assistance and innovative initiatives.



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# National Disability Institute: Vision and Mission

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**Our Vision:** We envision a society in which people with disabilities have the same opportunities to achieve financial stability and independence as people without disabilities.

**Our Mission:** We collaborate and innovate to build a better financial future for people with disabilities and their families.

[NationalDisabilityInstitute.org](https://NationalDisabilityInstitute.org)

# NDI's Team

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NDI's staff of Subject Matter Experts (SMEs) is comprised of former local level practitioners, state level policy leaders, and policy development and systems implementers at the local, state, and federal level.

Our staff are comprised of people with disabilities and family members of people with disabilities.

We move our mission forward with passion, commitment, innovation and deep respect for the lives our work and yours will impact.



# Contracting

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Each grantee signed an agreement with NDI. There are three essential parts:

1. Statement of Work (SOW)
2. Invoicing and payment
3. Assurances (Federal and State)



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# Statement of Work:

Developed in collaboration with the grantee's TA Liaison

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Details of what the grantee will do and how the work will be accomplished

Documents evaluative components

Aligns scope of work with the budget

Informs what grantee will report on as they progress



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# Technical Assistance

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**Opportunity to explore** other areas of technical expertise – in addition to that of grantee and identified partners



**Focus on support** to grantee in meeting desired outcomes



**Support sustainability** of activity through system learning and change



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# Importance for Maine – Current Services

## Expansion or Improvement of Current Services

- Person-centered services, including modifications to Rule requirements for health and safety purposes
- Access to community life and the broader community of people who do not receive HCBS in ways that reflect unique individual preferences and goals
- Informed choice to work for competitive wages in integrated workplaces
- Opportunities to control personal resources



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# Importance for Maine – Meeting Needs

## Meeting the Needs of Underserved Population(s)

- These projects present an opportunity to pilot innovative services that will be evaluated to identify effective practices.
- These innovative services will increase waiver members' opportunities to access, live, and work in their communities.
- Many of the proposed pilots address gaps in our current service system
- More specifically, innovative and effective services will be identified from the project evaluation, which may be integrated into Maine's Lifespan waiver.



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# Broader Significance



Applications of Technology First in the field



Innovative approaches that build on efforts in other states and may inform other initiatives



Best Practices in Competitive Integrated Employment and Community Inclusion



Capacity building for Direct Support Professionals



Piloting approaches to introducing self-advocacy for youth

# Innovation Projects Featured Today:

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Independence  
Advocates of Maine  
(IAM)  
Health-Connect

Waypoint  
Neighborhood  
Network



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# IAM Health-Connect: Brief Project Overview

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IAM is partnering with StationMD and other Provider Agencies to improve health outcomes and quality of life for 150 adults in Maine with Intellectual/ Developmental Disabilities and Autism (IDD/A) through technology.

- StationMD will provide comprehensive 24/7 telemedicine services and supports to people at home.
- Health Outcomes Community of Practice and Project Medical Director Consultation will improve Provider Agencies' skills and preparation to support clients with complex medical needs.
- Data collection/evaluation of project activities, system design research, and educational awareness will inform a sustainability/framework plan.



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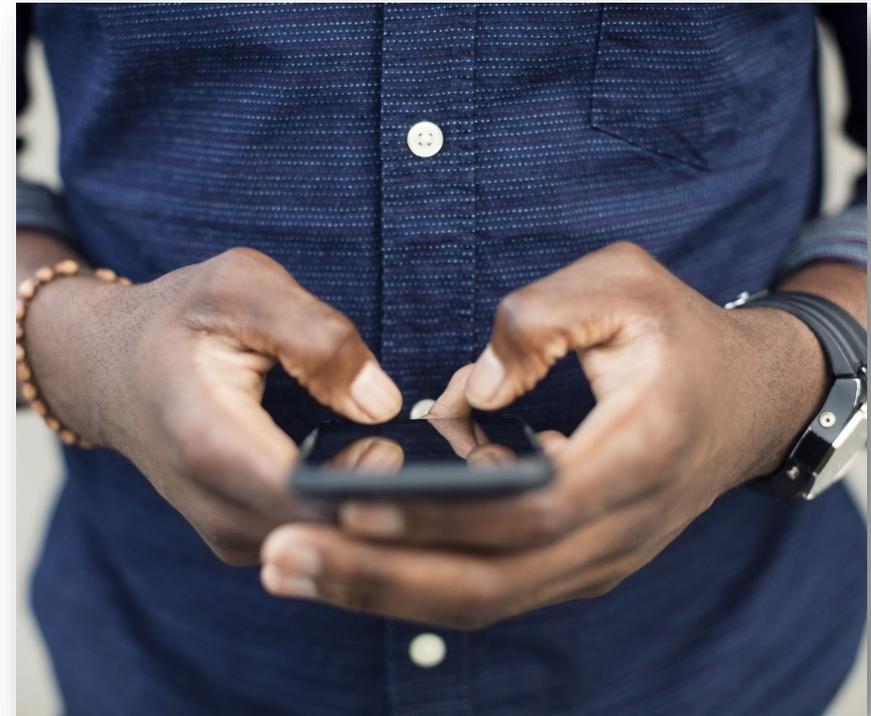


# IAM Health-Connect: Problem to Address

**Individuals with IDD/A have limited access to timely healthcare from clinicians who understand their unique needs, leading to poor health outcomes and negative impacts on quality of life.**

Problem Components:

- ✓ Avoidable Critical Incidents
- ✓ Stressful and Costly ED/Urgent Care Visits
- ✓ Rural Geography of Maine
- ✓ DSPs Lack of Support



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# IAM Health-Connect: Proposed Innovative Strategies



## Objective 1: Station MD Tele-Medicine Service to 150 Waiver Members

- Addressing emergent clinical needs
- Within 30 mins, medical provider is coordinating a treatment plan
- Documentation and Aftercare supported by follow-up within 48 hours after call

## Objective 2: Health Outcomes Community of Practice

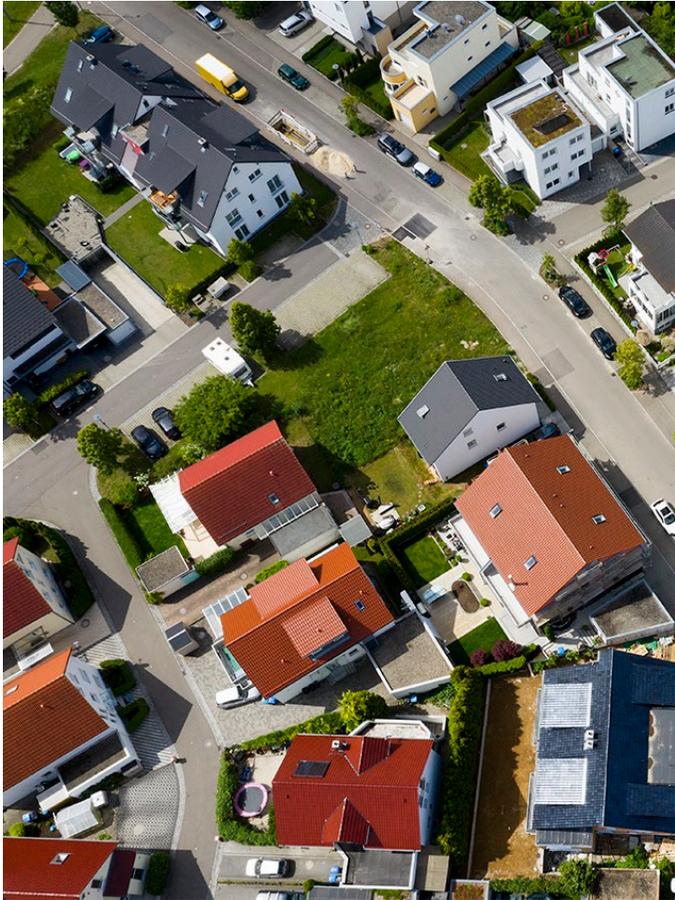
- A Medical Director with Provider Network will provide:
  - Retrospective Reviews and Policy Support
  - Education and Analysis to improve and promote medical quality
  - Pilot Data and Pilot Support

## Objective 3: Data Collection, Evaluation and Sustainability

- Data collected will include urgent care diversion, critical incidents, and cost savings
- Address framework sustainability
- Education and Awareness of lessons learned



# Waypoint Neighborhood Network: Brief Project Overview



- Develop multiple Neighborhood Networks designed to provide fluid in person and remote support to members
- Create pockets of affordable housing for both members and DSP's, establishing a unique network of support embedded in local communities
- Reduce reliance on paid supports
- Increase support efficacy and member choice while maintaining privacy and autonomy



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# Waypoint Neighborhood Network: Problem to Address

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- Common member support needs:
  - Access to Competitive Integrated Employment (CIE)
  - Access to affordable housing
  - Expanding access to community supports
  - Increasing Independence
- The Neighborhood Network is designed to increase access to a flexible and robust menu of support and services designed by members and received on their terms



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# Waypoint Neighborhood Network: Proposed Innovative Strategies

## Improve:

- The technology infrastructure to deliver innovative next-generation service models that are in alignment with the HBCS Rule

## Demonstrate:

- Effective Neighborhood Network Structure
- Imbedded network of support in affordable housing
- Deliver remote night and daytime support - and member coaching

## Reflect:

- National best practices



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# Lessons Learned To Date

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- Using some of the FMAP ARPA funds to hire a Project Manager to oversee the Innovation project work has helped keep the overall project moving ahead.
- Clearly outlining the grant project application process and requirements for grantees in the upfront process saved time for applicants and state staff (learned this between the first and second round grant application process).
- Bringing in NDI from the beginning has helped the state and grantees get their projects off the ground efficiently and quickly. The NDI-assigned subject matter expert meets monthly with innovation project teams.
- Weekly meetings between NDI and State of Maine staff maintains clear communication.
- Including a robust project evaluation component for the individual projects will inform which services to include in the state's waivers.



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# Planning for an Innovation Summit in Maine – Fall of 2024

- Gather Maine providers, representatives from DHHS, and subject matter experts from across the nation
- Engage and attract a wider audience in the Northeast and beyond
- Report on preliminary findings from the projects
- Provide opportunities for projects in other states to share information and network
- Relate innovation activity in Maine to other state or national initiatives, and create connections between states



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# For More Information

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## **OADS Innovation Email:**

[Innovation.HCBS.DHHS@maine.gov](mailto:Innovation.HCBS.DHHS@maine.gov)

## **OADS Innovation Pilot Grants Webpage:**

<https://www.maine.gov/dhhs/oads/about-us/initiatives/hcbs-innovation-pilot-grants>

## **OADS Lifespan Waiver Webpage:**

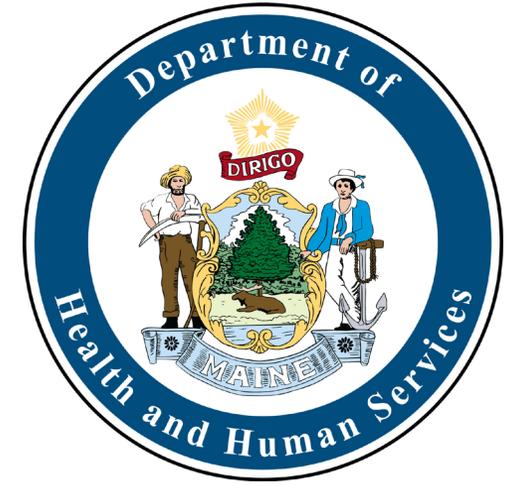
<https://www.maine.gov/dhhs/oads/about-us/initiatives/hcbs-lifespan-project>

## **National Disability Institute:**

<https://www.nationaldisabilityinstitute.org/>



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# Thank You

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# **ARPA & Indiana Innovation Grants**

**Jessica L. Harlan-York**

**Chief Operating Officer**

**Division of Disability and Rehabilitative Services**

**State of Indiana**

**Alena Vazquez**

**Policy Associate**

**Human Services Research Institute**



# INDIANA ARPA ROADMAP



State of Indiana  
*Indiana Family and Social Services Administration*

## Proposed Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

*State of Indiana*  
*Submitted to The Centers for Medicare and Medicaid Services*

1. Expand the workforce
2. Enhance HCBS
3. Build provider capacity
4. Caregiver training and support

**July 9, 2021**

July  
2021

Indiana's Proposed Spending Plan for Implementation of the American Rescue Plan Act Submitted

Sept  
2021

Indiana Receives Conditional Approval from CMS

# Home and Community-Based Services (HCBS) Phase 1: HCBS Stabilization Grants

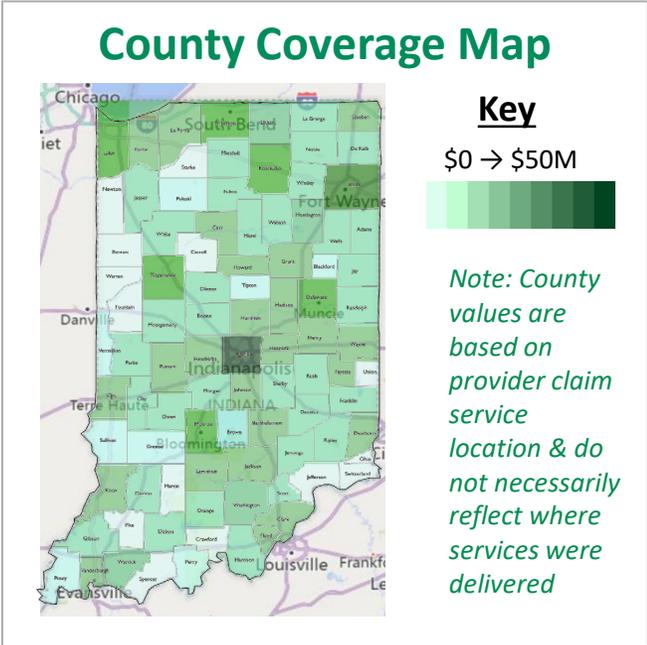
To strengthen and enhance the HCBS ecosystem, FSSA prioritized immediate stabilization efforts to the critical workforce in the first phase of Indiana’s HCBS Spend Plan.

**\$176M** Awarded to **1,195 HCBS Providers**

**\$132M** At a minimum to be passed directly to **Frontline HCBS Staff\***

**Purpose:** FSSA issued direct funding in Spring 2022 to stabilize Indiana’s workforce and provider network and meet urgent needs in the HCBS landscape

**Methodology:** FSSA applied a flat 8.1% to each provider's highest annual claims total from 2019, 2020, or 2021. *\*Awardees are required to pass through at least 75% of the grant directly to their workforce*



## Funds were primarily used for workforce bonuses and recruitment

“The **bonuses** that were given to my employees helped them with **gas, bills, childcare**, etc. We were truly blessed with this grant!”

“Advertising for jobs with the hourly wage increase has led to **more new hires** and slightly **decreased staff turnover**.”

“Because of the grant we were able to give our staff **bonuses** and also offer them more **training**, including CPR and other courses directed to the care of clients.”

“We were able to have a minute benefit package for the first time in the company’s history. We now offer **healthcare insurance** including vision and dental.”



# Home and Community-Based Services Spend Plan Phase 2: Targeted Initiatives

Phase 2 of the Indiana HCBS Spend Plan outlines four Priority Areas that were identified through intentional engagement with over 660 stakeholders in June 2021. The initiatives listed below highlight a few of the projects that FSSA is investing in.

## Total Phase 2 Budgeted: \$638M

★ FSSA is investing in numerous **initiatives** within the **four Priority Areas** to drive systemic change

### \$195M Workforce to Support the Provider Workforce



- ★ Recruitment and Retention activities (e.g., wages and benefits)
- ★ Earn while learn training incentives

### \$166M Build Provider Capacity to Meet the Growing HCBS Needs of the Medicaid Population



- ★ Transportation capacity-building grants
- ★ Develop a Crisis System and implement 9-8-8

### \$236M Enhance HCBS to Ensure All Individuals have Easy and Equitable Access to HCBS



- ★ Address health inequities through housing supports
- ★ Improve processing of Medicaid applications

### \$41M Caregiver Supports to Support Families & Caregivers of Individuals Receiving HCBS



- ★ Caregiver training for HCBS waiver participants
- ★ Caregiver mental health supports

HCBS Spend Plan Extension: CMS extended the spend deadline from March 31, 2024 to **March 31, 2025**



\*As of August 8, 2022

<https://www.in.gov/fssa/ompp/hcbs-enhanced-fmap-spending-plan/>

# Bureau of Disabilities Services (BDS) Innovation Pilot Projects

What do we already know?  
What do we want and need?  
What are our hopes?  
How did we get there?



# What do we already know?

1102 Taskforce Recommendations

Waiver Redesign Initial Concept Paper & Path Forward

Future Direction with Waiver Transition

FSSA Spend Plan Areas of Priority

Ability to Implement, Measure, & Report on Outcomes and Demonstrate Proof of Concept

# What do we want and need?



# What do we want and need?

- Demonstrate new service models that could be expanded.
- Build private/public partnerships to expand opportunity for employment and community engagement.
- Investigate unique ways of meeting needs of individuals seeking or receiving services from BDS.
- Explore ways of improving the lives of Hoosiers with intellectual and developmental disabilities.



# What do we hope to see?

- Improve access to services and training to appropriately serve individuals with dual diagnosis or multi-system access, complex case, and rural residents.
- Address staffing shortage.
- Consider/implement innovative service models, especially in housing and employment.
- Increase technological supports.
- Increase use of peer support and family-to-family models.



# What do we hope to see?

- Incentivize institutional and 14c settings to transition to community programs.
- Build interest in competitive, integrated employment opportunities.
- Demonstrate potential future waiver services.
- Offer training and supports to individuals on waitlist.
- Explore expanding or adjusting service models to more specifically meet the needs of individuals with physical disabilities or brain injuries.



# How do we realize our wants, needs, and hopes?

With a phased grant submission approach!



# Phase 1

- Does the concept further one or more of our identified goals and existing initiatives?
- Is there potential for infusion into waiver redesign efforts if successful?
- Does it demonstrate input and direction from people with lived experience of disability?
- Is there collaboration amongst multiple groups or stakeholders?
- Does the concept include efforts to enhance equity in access and outcomes?
- Is the concept scalable if successful?



# Phase 1

- Does concept address an area of expressed need by participants and/or families?
- Is the concept and scope actionable within the funding timeframe (July 15th, 2022- March 31, 2025)?
- Is the project feasible to begin immediately upon Phase 2 funding?
- Is it clear the potential population of individuals who would be targeted and demonstrate an ability to garner sufficient interest to conduct the project?
- Can goals be measured and effectively evaluated?



# IPP Phases

## Phase 1

(June 22 – Sept 22)

Interested parties submitted Phase 1 applications

BDS/Contractor reviewed Phase 1 applications

Approved applicants receive \$50,000 to develop Phase 2

## Phase 2

(Oct 22 – Jan 23)

Approved parties must develop at least one Phase 2 application

BDS/Contractor will review Phase 2 applications

Upon approval, parties will receive funding according to project milestones/deliverables

## Implementation

(Dec 22 – Mar 25)

Parties will implement approved pilot projects

Parties may receive TA with implementation, measurable goals/outcomes, etc.

BDS/Contractor will conduct post-project evaluation

# Phase 1

- We received a total of 133 unique Phase 1 applications.
- A total of 91 unique entities applied
  - 62 entities submitted 1 application
  - 21 entities submitted 2 applications
  - 8 entities submitted more than 2 applications
- Wide range in size and reach of proposed projects



# Phase 2

- Phase 2 offered applicants an opportunity to expand on and further develop their Phase 1 applications.
- Offered Evaluation and Outcome Measure Technical Assistance.



# Phase 2

- Over 40 grants were offered to entities.
- To maximize our ability to fund as many projects as possible, Phase 1 awards were divided into 3 tiers:
  - Tier 1- Projects which must total 100k or less
  - Tier 2- Projects which must total 250k or less
  - Tier 3- Project cost and scale to be determined by Phase 2 submission
- Award letters outlined tiers and any other conditions of proceeding to Phase 2.



# Implementation Stage

- Ultimately, 41 projects were approved for full implementation to 44 entities (three entities have two projects each).
- Approved applications are for projects in every region of the state.



# Major Themes of IPP Grants

- Information and Skill Building for Individuals
- Community Partnership/Community Change
- Supporting those who Support
- Support Through Technology
- Modifying our Current Models of Services and Payment  
(Music Therapy, Shared Living, Behavioral Support, Employment Related System Transformation)



# Highlight

## Hospice and Palliative Care Training

Development of a training curriculum about skills needed to provide contemplative care to those in hospice and palliative care and have I/DD.



# Highlight

## DSP and Mental Health

Development of mental health curriculum for DSPs.



# Highlight

## Remote Supports

Construct a provider-agnostic Remote Supports Indiana curriculum and distribute free licenses to use the platform housing this training to interested Indiana stakeholders (individuals, families, case management entities, providers, BDS).



# Highlight

## Spiritual Support Coordination

Provision of Spiritual Support Coordination as a means to support individuals to explore the role of spirituality in their life, identify and find community around their spiritual identity, and provide education to outside entities (such as faith-based congregations) around how best to be inclusive and welcoming to new members.



# What would we do again?

- LifeCourse Framework emphasis
- One-Pager
- Flexibility
- Office Hours
- Webinars
- In-person summits



# What would we do again?

- Utilizations of templates (application, final plan, budget).
- Phase 2 rubric review form.
- Emphasize collaboration.
- Utilization of request forms for data and TA.



# Lessons Learned and Surprises

- More time.
- Utilize webinars and FAQ for application and project plan.
- Utilization of a grant tracking system.
- More information evaluation process.



# Considerations

- What happens next?
- Timelines matching up
- Shifting priorities within the State
- Stakeholder engagement
- Communication Strategy
- Sustainability



# Thank you!

