

# Weekly BDDS Meeting for Case Managers and Providers April 29, 2020



# Welcome and Today's Agenda

- Introductions
- DDRS Goals for COVID-19 Efforts
- ISDH Follow-Up
- Updates on Policy Guidance
- Next Steps



# DDRS Goals for COVID-19 Efforts

**H**elp prevent the spread of COVID-19 and keep people alive

**O**perationalize flexibilities

**P**rovider network maintained

**E**mpower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS



# ISDH Follow-Up Questions

- Okay, so what do you do when certain counties or providers will not test for COVID-19
- How can we have our staff access the Lilly drive by without a Dr.'s note? Or if they tested positive and now are 14 days free...can Lilly test them to make sure they are negative? If so, what's the process?
- What if the symptoms aren't bad enough to warrant testing? How do we know when they can stop isolation?
- Could strike teams be utilized for individuals in supported living homes?
- Is the COVID reporting process the same for individuals in Waiver and ICF? thanks



# ISDH Follow-Up Questions

- Can you clarify if the volunteer reserve is willing to serve as DSPs?
- Are the 15,000 staff on standby trained on CPR/FA? What other trainings do they have and what are their salary expectations?
- Your recommendation was that staff should be wearing a surgical mask at all times in a client's home or a facility and not a cloth face covering. Are you recommending that staff reuse their surgical mask or to replace with a new one each shift? Do you have any guidance for reusing surgical masks?
- What is the best brand of thermometer to purchase?



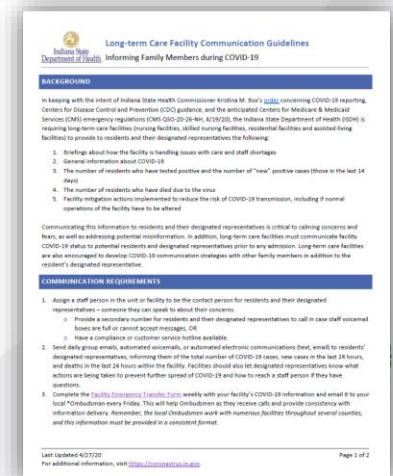
# ISDH Follow-Up Questions

- Do you have suggestions for providers with clients who are high behavior and test positive and will not isolate in their rooms? Our concern is that putting them in a hotel may not help with containing and then we have to be able to provide 24/7 for the client in the hotel. Which is another concern as staffing is already delicate.
- What would be a good standard in managing a client hospitalized for a different reason but they were exposed to COVID19 patients during the emergency room visit and possibly hospitalization,



# General Updates on Policy Guidance

- CLARIFICATION/REMINDER: For staff COVID+ reporting, you only need to report staff that that have direct contact with individuals (i.e. work in the home, a day setting, support on the job, etc.). If the staff has no contact with an individual in services then it does not need reported.
- At DDRS' request, INARF and the Arc of Indiana have assembled a workgroup to develop recommendations on best practices / approaches to re-opening procedures.
- CLARIFICATION: BDDS has confirmed with ISDH that SGLs and CRMNFs are not required to comply with the recently released [Long-term Care Facility Communication Guidelines](#).



# Updates on Policy Guidance: Residential Provider Check-Ins

- Pro-active strategy to provide support and address specific and/or immediate needs
- Weekly opportunity to “check-in” with residential providers to understand:
  - Current Planning
  - Challenges
  - Successes
  - Whether flexibilities are working as intended
- Check-ins have been initiated and the plan is to continue for now - overall positive response
- The BDDS Check-In team appreciates everyone’s participation and feedback as we are taking a ‘revise as we go’ approach to these to ensure these contacts are meaningful
- Please continue to use/access existing communication channels, resources, and outlets to monitor updates or changes to existing guidance and directives





# Updates on Policy Guidance: Emergency Transitions

- Individuals may continue to transition to new HCBS residential settings as desired under routine circumstances.
- There is no change in the normal transition process when a transition occurs that is unrelated to COVID-19.
- Emergency Transitions may be submitted when a temporary relocation of 7 or more days is related to COVID-19. Reasons for the temporary transition include:
  - Individual has tested positive for COVID-19
  - Housemate of the individual tested positive for COVID-19
  - Staff of the individual tested positive for COVID-19 leading to a significant staffing shortage
  - Individual is required to self-quarantine due to exposure to COVID-19



# Updates on Policy Guidance: Telemedicine Fact Sheets

- BDDS will be releasing a series of fact sheets on the use of telemedicine with various HCBS services, including Case Management, BMAN, PT/OT/ST, Music Therapy, Recreational Therapy, and Wellness Coordination, that detail the following:
  - Background
  - Key Highlights from OMPP's Telemedicine Policy
  - Provides Examples of Use of Telemedicine to Deliver the Identified Service
- Fact sheets on the use of telemedicine with other HCBS services under development
  - As a reminder, using telemedicine to deliver other HCBS services should be a last resort option, only with individuals who need only verbal prompting and guidance, and must relate to an individualized need or interest.



# Updates on Policy Guidance: Telemedicine Scenario #1

- Judy has been working at Target for 2 years as an associate.
- Judy has extended services through the FSW.
- There have been some changes in her duties due to the current public health emergency.
- While she is independent on the job, she is anxious about the changes in her duties and has some concerns about how bossy a co-worker has been with her.



# Updates on Policy Guidance: Telemedicine Scenario #1

- Judy's Employment Specialist has been making weekly contact with her recently.
  - The contact is being made through Zoom.
  - The Employment Specialist and Judy talk through her duties and the recent changes to what her work day looks like.
  - The Employment Specialist offers suggestions on how to continue being efficient with tasks such as keeping a map of the store in her pocket so that it can be referenced as items are collected for customer pick up orders.
  - The Employment Specialist and Judy talk about interactions with the co-worker who is being bossy.
  - The Employment Specialist and Judy role play examples of how Judy can respond to the co-worker when this occurs as well as how Judy can interact more positively with the co-worker.
  - The Employment Specialist also takes a few minutes to just discuss any concerns Judy has about COVID-19 and what precautions she is taking to keep herself healthy.



# Updates on Policy Guidance: Telemedicine Scenario #2

- An adult individual was receiving Community Based Habilitation Group in a 4:1 setting prior to COVID-19.
- Because of the COVID-19 flexibilities that allow for alternate settings the individual is now receiving this service in his home.
- This group of individuals really enjoy doing volunteer activities together. The provider reached out to each individual in the group and asked if they would like to make face masks for the local hospital. They all said they would.
- The provider gathered simple materials including recommendations and instructions on making face masks from the CDC that include sew and no sew instructions.
- The provider then did a no contact delivery of the materials and instructions by leaving the package on the doorstep.



# Updates on Policy Guidance: Telemedicine Scenario #2

- The provider also scheduled a day and time that worked well with each individual and set up a group Zoom meeting that allowed for the individuals to do this activity virtually together with the assistance of the direct support professional guiding them through the steps.
- The group then left the finished product on their doorstep, the provider picked up the completed face masks and delivered them to the local hospital.
- The provider took pictures of the face masks being delivered and set up a follow up zoom meeting where the provider shared the pictures with the individuals so that they could share in the experience of the final product being delivered, discuss their feelings and brainstorm what type of activity they would like to do next.
- In this scenario this also allows for the provider to continue to bill the approved 4:1 ratio.



# Updates and Discussions: Support Planning Scenario #1

- Chloe is 7 years old and receives support through the FSW. Her current CCB includes Music Therapy, Respite, and Case Management. Chloe's parents have decided that due to Chloe being high risk for pulmonary complications they do not want to have any staff or therapists come into the home. Chloe's mom calls her case manager to discuss this decision and inquire about what types of supports they can put in place during this time. Chloe's mom also expressed that she has heard that she might be able to be paid to be Chloe's caregiver at this time.
- Fast Facts:
  - Chloe's respite provider has not suspended services.
  - Chloe's DSP is still working with other families and has not been exposed or is ill with COVID-19.
  - Chloe's parents have not been exposed or are ill with COVID-19.
  - Chloe has not been exposed or is ill with COVID-19.
  - Respite by definition is not a service that allows for parents to be paid caregiver.



# Updates and Discussions: Support Planning Scenario #1

- The case manager works through the questions provided in the temporary guidance to determine if Chloe and her family meet the criteria for the Appendix K flexibility allowing parents to be paid caregivers.
  1. Is the disruption in current services due to COVID-19 that creates an immediate need for intervention and response to ensure their health, safety and well-being?
    - Has the waiver provider suspended services due to COVID-19? No
    - Is the current staff not providing services because they have been exposed or are ill with COVID-19? No
    - Has the primary caregiver or legal guardian been exposed or is ill with COVID-19? No
    - Has the individual receiving waiver services been exposed or is ill with COVID-19? No

The case manager shares with Chloe's parents that their situation does not meet the criteria to utilize the temporary Appendix K allowance for parents of minor children to be a paid caregiver.





# Updates and Discussions: Support Planning Scenario #1

2. Is the service critical to the health, safety and well-being of the individual?
  - Respite or music therapy have been determined to not be critical to the health, safety and well-being of Chloe. The case manager recognizes that respite can be a vital service to the caregiver therefore explains to mom that if she changes her mind about allowing staff in the home that Chloe can continue to receive respite through her current provider because Respite is an essential service and DSPs are essential staff.
3. Use the Integrated Support Star, or other similar tool, to identify other appropriate alternatives that are available to support the individual including other HCBS services, natural supports, technology, etc.
  - Through the conversations with mom, the case manager learns that the family is comfortable having the mom's sister, Chloe's aunt, to come into the home and provide respite. Aunt meets the qualifications under the service definition and is hired on as a DSP.
  - The case manager shares with mom that music therapy can be provided via telemedicine and discusses what that can look like.



# Updates and Discussions: Support Planning Scenario #1

4. Does the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community based waiver services?
  - The discussions and solutions that the case manager and mom have discussed fall within the purpose of HCBS waivers.
5. Determining what support options should be explored during COVID-19 public health emergency
  - The case manager discusses with mom other support options that may be available such as what services Chloe may be eligible for through her local school district who has cancelled school for the remainder of the school year.



# Updates and Discussions: Support Planning Scenario #2

- Carol is a single mom of a 19 year man, Jack, who has services through the FSW. Jack currently receives 45 hours per week of PAC services on his CCB which has been consistently staffed by the provider. Carol has been diagnosed with COVID-19. Due to Carol's confirmed diagnosis, the regular staff are not willing to come to the home to provide services. Carol called her case manager to discuss what supports Jack could access as he relies heavily on that support to meet some of his basic needs daily.
- Fast Facts:
  - Carol, the parent, has been diagnosed with COVID-19.
  - Jack's PAC hours were staffed regularly prior to COVID-19.
  - Jack relies on PAC to meet some of his basic needs.



# Updates and Discussions: Support Planning Scenario #2

- The case manager works through the questions provided in the temporary guidance to determine what flexibilities may be available to Carol and Jack.
1. Is the disruption in current services due to COVID-19 that creates an immediate need for intervention and response to ensure their health, safety and well-being?
    - Has the waiver provider suspended services due to COVID-19? No
    - Is the current staff not providing services because they have been exposed or are ill with COVID-19? No
    - Has the primary caregiver or legal guardian been exposed or is ill with COVID-19? Yes
    - Has the individual receiving waiver services been exposed or is ill with COVID-19? Yes

The case manager discusses with Carol that their situation does meet the criteria of a COVID-19 related need to access temporary flexibilities within Appendix K.



# Updates and Discussions: Support Planning Scenario #2

2. Is the service critical to the health, safety and well-being of the individual?
  - Jack relies on PAC to meet some of his basic daily care needs therefore there is an immediate need for intervention and response to ensure the health, safety, and welfare of Jack.
3. Use the Integrated Support Star, or other similar tool, to identify other appropriate alternatives that are available to support the individual including other HCBS services, natural supports, technology, etc.
  - Through the conversations with Carol exploring if there are other people or ways to support Jack during this time the case manager learns that Jack's grandmother is able and willing to temporarily work as Jack's PAC staff. Because of Carol's illness and because Jack currently has 45 hours a week of PAC on his existing CCB, Jack's grandmother can be paid staff for the entire 45 hours by utilizing the temporary flexibility which allows waiving of the 40 hour rule.



# Updates and Discussions: Support Planning Scenario #2

4. Does the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community based waiver services?
  - The discussions and solutions that the case manager and mom have discussed fall within the purpose of HCBS waivers.
5. Determining what support options should be explored during COVID-19 public health emergency
  - The case manager discusses with mom other support options that may be available to the family at this time. Due to mom's illness she has had to take time off work which is unpaid and they only have Jack's SSI as income. Mom expressed that she and Jack are having trouble paying their utilities and getting food. The case manager shares with mom resources such as 211 to inquire about utility assistance programs in her area as well the food assistance availability map to assist in finding local food pantries / services.



# Updates and Discussions: Support Planning Scenario #3

- Sam, a 25-year-old male receives 40 hours of RHS on his current plan and lives home with this family. Both parents are RHS staff and have historically provided a combined total of 40 hours per week of RHS as per the guidelines. In addition, Sam receives 10 hours of CHIO a week, and Music Therapy on his CCB. His parents have decided to limit the number of people in the house as well as his time in the community to avoid potential exposure to COVID-19. They contact their case manager to discuss the current options available under the Appendix K flexibilities.
- Fast Facts
  - RHS, CHIO and Music existed and were utilized on Sam's plan
  - Parents have chosen to not allow staff and therapists inside the home



# Updates and Discussions: Support Planning Scenario #3

- The case manager works through the questions provided in the temporary guidance to determine if Sam and his family meet the criteria for the Appendix K flexibility.
  1. Is the disruption in current services due to COVID-19 that creates an immediate need for intervention and response to ensure their health, safety and well-being?
    - Has the waiver provider has suspended services due to COVID-19? **No**
    - Is the current staff not providing services because they have been exposed or are ill with COVID-19? **No**
    - Has the primary caregiver or legal guardian been exposed or is ill with COVID-19? **No**
    - Has the individual receiving waiver services has been exposed or is ill with COVID-19? **No**

The case manager shares with Sam's parents that their situation **does not** meet the criteria to utilize the temporary Appendix K allowance for family to provide RHS in excess of 40 hrs.





# Updates and Discussions: Support Planning Scenario #3

## 2. Is the service critical to the health, safety and well-being of the individual?

- CHIO or music therapy have been determined to not be critical to the health, safety and well-being of Sam. The case manager recognizes that CHIO is considered a valuable service to the caregivers therefore explains to mom that if she changes her mind about allowing staff in the home that Sam can continue to receive CHIO through his current provider because CHIO is an essential service and DSPs are essential staff.



# Updates and Discussions: Support Planning Scenario #3

3. Use the Integrated Support Star, or other similar tool, to identify other appropriate alternatives that are available to support the individual including other HCBS services, natural supports, technology, etc.
- The case manager shares with mom that music therapy can be provided via telemedicine and discusses what that can look like.
  - In reviewing the current service definitions and guidance from BDDS, the case manager shares the 40 hours combined total of relatives providing services only applies to RHS and PAC. The case manager shares that they can be hired by his CHIO provider to become the direct care staff and provide the approved 10 hours weekly.
  - Case manager also shares that CHIO has been approved to be provided in an alternate settings during the public health emergency which includes the individuals home.
  - Case manager shares resources and ideas on what types of activities would be good for the parents to do at home while using CHIO.



# Updates and Discussions: Support Planning Scenario #3

4. Is the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community-based waiver services?
  - The discussions and solutions that the case manager and mom have discussed fall within the purpose of HCBS waivers.
  
5. Determining what support options should be explored during COVID-19 public health emergency.
  - The case manager discusses with the parents the current approved flexibilities that are considered temporary under Appendix K, such as Music Therapy being delivered via telemedicine and CHIO being able to be provided in the home. Once the flexibilities are no longer an option, the services will need to go back to being delivered within the scope and requirements of each service definition and limitations.





- BDDS / BQIS Questions:  
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