

**DDRS Provider & Case Manager
Monthly Webinar
August 4, 2021**



Welcome and Today's Agenda

- DDRS Goals
- COVID-19 Data Update
- Waiver Amendment
- DSP Rate Increase
- Remote Supports
- Risk Assessment webinar
- Handling Emergencies
- BQIS Help/JIRA
- DDRS Listserv/FB



DDRS Goals for COVID-19 Efforts

Help prevent the spread of COVID-19 and keep people alive

Operationalize flexibilities

Provider network maintained

Empower person-centered decision-making for self-advocates, families, case managers, and providers



COVID-19 Data: Total Number of BDDS COVID Positive Cases

CIH: 1484

FSW: 1116

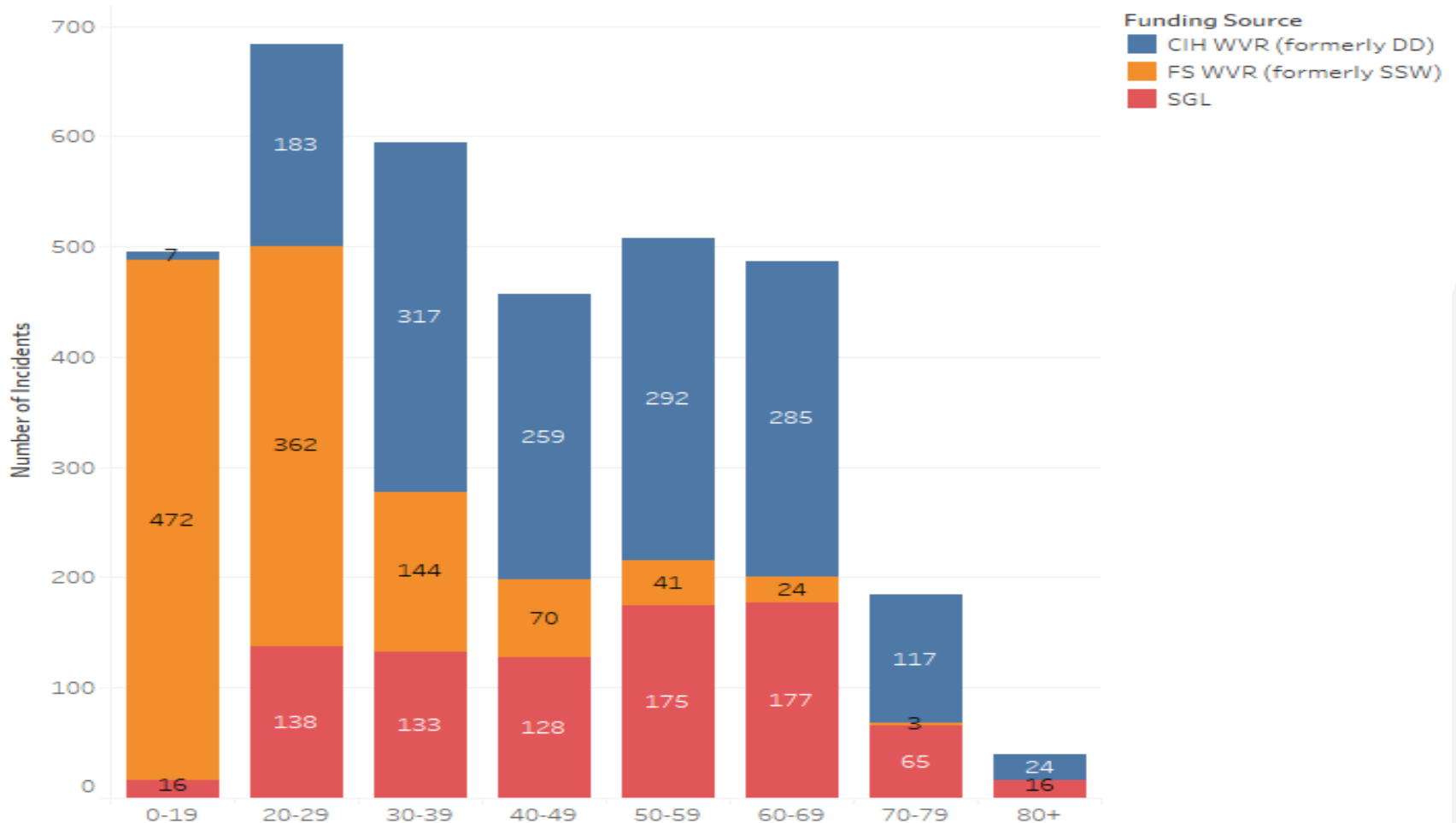
SGL: 848

Total Cases: 3448
Total COVID-Related
Deaths: 56



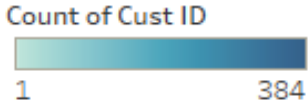
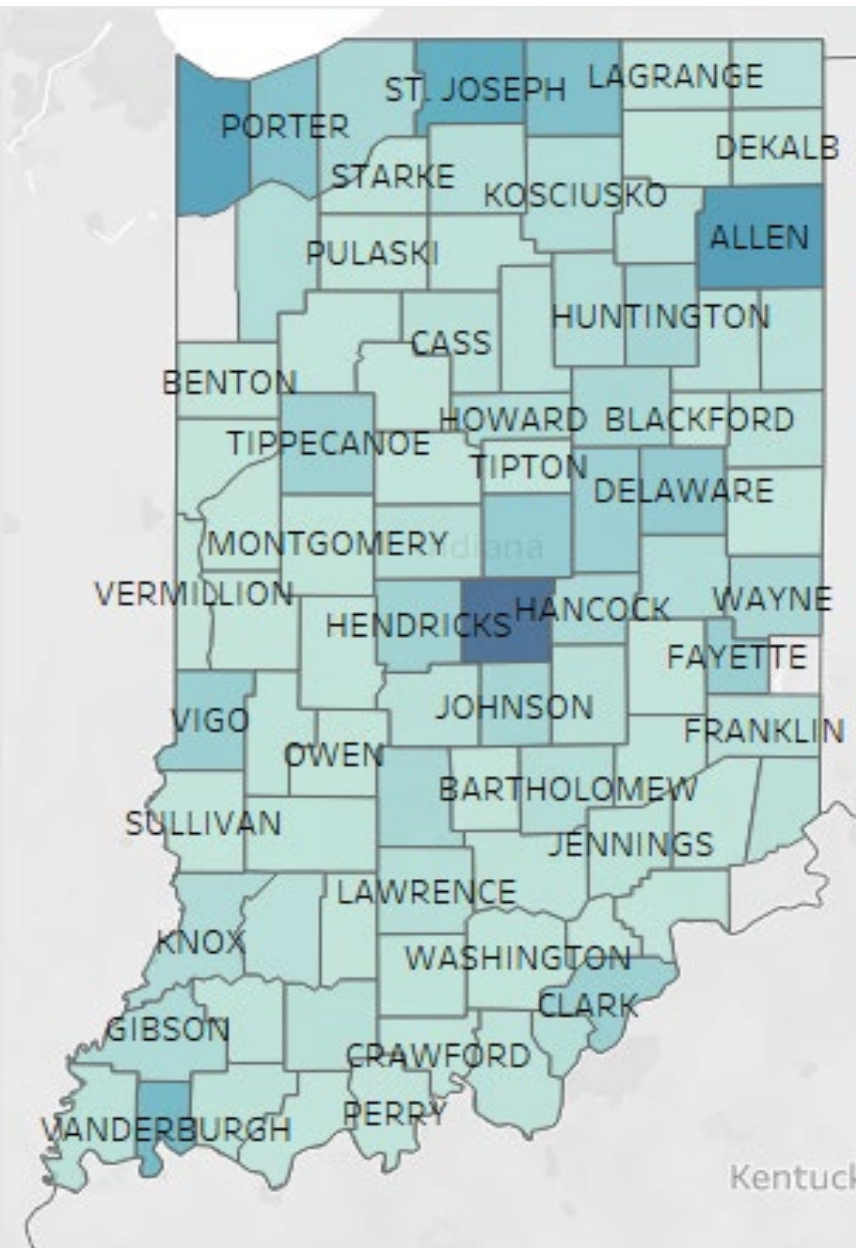
COVID-19 Data: Age Among Unique COVID Positive Cases

COVID Cases by Age and Funding Type



COVID Positive Cases by County

3448 Total Cases
Data as of 7/30/2021



Total COVID-related deaths- 56



COVID-19 Data: Total Number of Staff Positive Cases

Waiver 1410

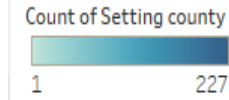
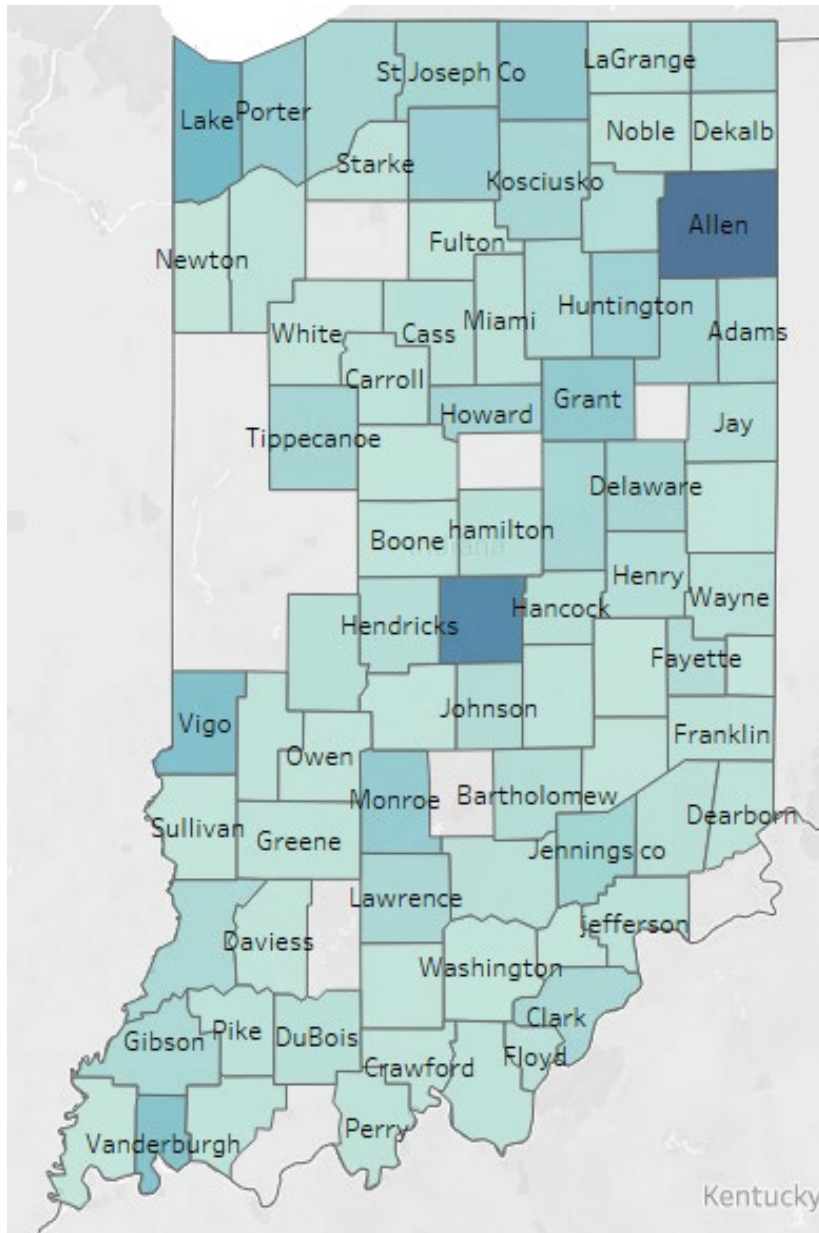
SGL 640

Total Cases: 2050
Total COVID-Related
Deaths: 5



COVID-19 Data: Positive Staff Cases by County

2050 Total Cases
Data as of 7/30/2021



Total COVID-related deaths- 5



Waiver Amendments and 1915(b)(4)

- Intent to submit proposed 1915(b)(4) selective contracting waiver application and proposed amendments to CIH/FSW announced for public comment on July 28th.
- Public comment period runs through August 27th, 2021
- Key proposed changes include:
 - DSP 14% rate increase
 - Enhanced case management service definition
 - Clarifying language on remote supports
 - Creating vehicle modifications as a separate service



Waiver Amendments and 1915(b)(4)

Hosting two webinars to provide information on the process, how to make public comment and provide a high-level overview of the key changes.

- [Monday, August 9th 10:30-11:30am \(EDT\)](#)
- [Thursday, August 12th 5:00-6:00pm \(EDT\)](#)

Can view the public notice and proposed applications on the DDRS Policy Page under [DDRS Draft Policies for Public Comment](#)



DSP Rate Increase – Appendix K

Appendix K has been approved!

Is anticipated to end 6 months after the end of the federal public health emergency.

This makes the DSP rate increase retroactively effective as July 1, 2021.

- Adult Day Services
- Prevocational Services
- Respite
- Extended Services
- Day Habilitation
- Workplace Assistance
- Transportation Services
- Facility Based Support
- Residential Habilitation and Support
Daily & Hourly – CIH
- Participant Assistance and Care - FSW

In addition, BDDS sought to increase FSW cap to mitigate any potential negative impact on individuals and families.

Annual cap is now \$19,614

****The rate increase is included in the waiver amendments****



DSP Rate Increase – Information for Providers

- All authorized providers of these specific services shall provide written and electronic notification of their plan to increase wages and benefits to their eligible DSPs, as described in the 2021 budget bill.
- The provider must share this plan with all DSPs who are employed by the provider to provide the support services listed above and are paid on an hourly basis.
- The plan must also be submitted to the Bureau of Developmental Disabilities Services no later than **September 1, 2021**, using [this link](#) and completing all required fields in the Provider Plan for Implementation of Rate Increase form.

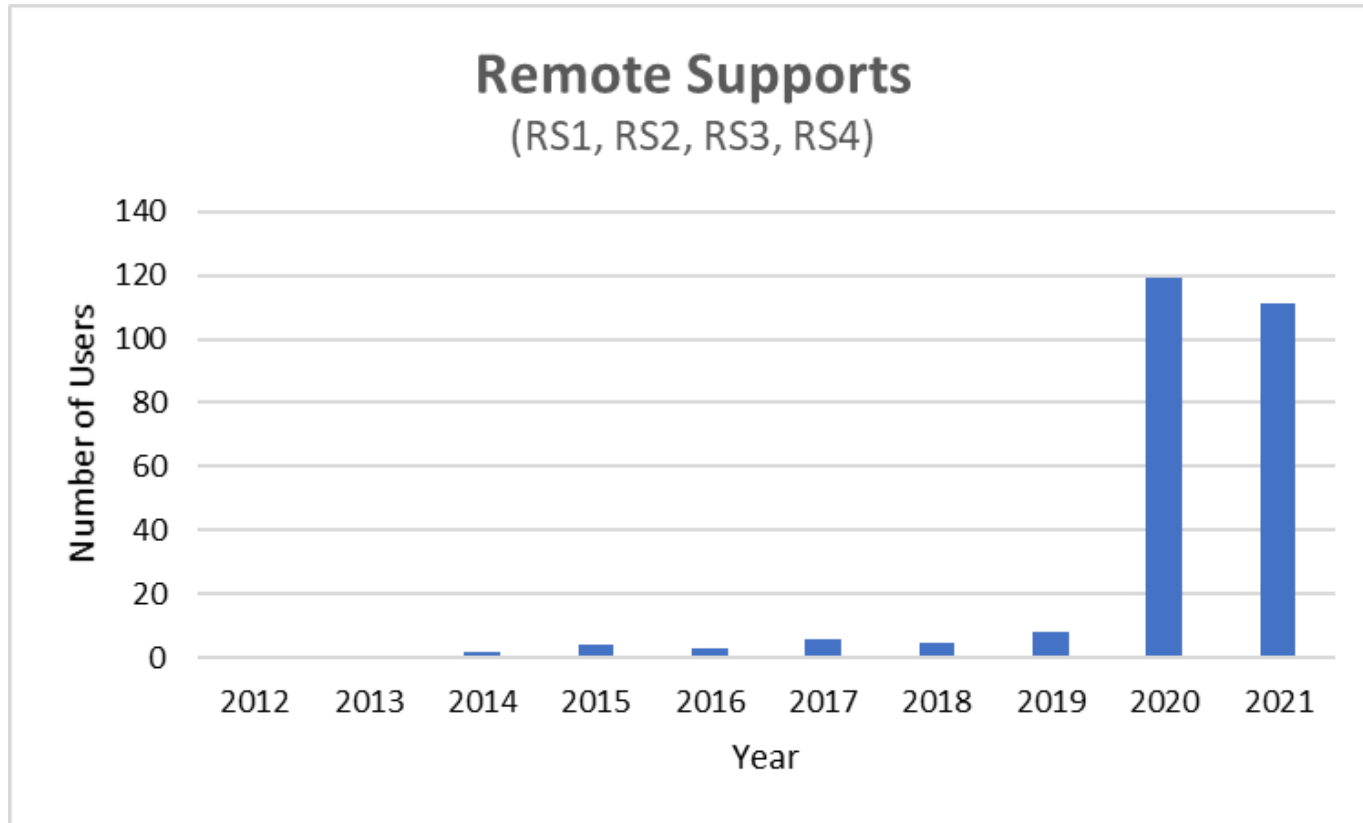
[Requirements for providers](#) can be found on the DDRS Website and via the announcements page

[Rate chart](#) incorporating the increase is also now available on the DDRS website and via the announcements page.

An FAQ is currently being finalized and will be available soon



Remote Supports



Note: Individuals utilizing residential habilitation – daily and utilizing remote supports are not included in this data.



Risk Assessment Webinar

Recording, slides and resources are now available on the [BQIS website](#)

The risk identification tool and matrix are NOT required – offered as voluntary tools for teams to help through the risk assessment process



Handling Emergencies

- When individuals are need of ***emergency medical attention*** staff should call 911 first
- Provider's policies, protocols and practices should reflect that when a person is experiencing a ***medical emergency*** that the staff are comfortable with and clear that 911 is the first call



BQIS Help Desk vs JIRA

BQIS Help

Provides general information on BDDS/BQIS policy and procedures to general public, case managers and providers.

BQIS help will ensure that questions, suggestions and concerns are forwarded to the appropriate staff.

bqis.help@fssa.in.gov

JIRA

Provides more specific information on distinct case and system questions, concerns and issues.

Only open to providers and case managers who must register to use to the JIRA system.

[User Guide](#)



Staying Informed

BDDS/BQIS provides a great deal of information, training opportunities and resources to all interested stakeholders.

It is important for all providers and case managers to stay up to date on changes, resources and training opportunities provided by BDDS/BQIS.

DDRS Listserv: ALL communications from BDDS/BQIS is sent out via the DDRS Listserv. All providers and case managers are strongly encouraged to [sign up](#) to receive these announcements.

Announcements are also posted on our [DDRS Announcements page](#)

[Follow us on Facebook](#)! We share information and resources, including a Facebook Live event every other Friday hosted by Cathy Robinson and Jessica Harlan-York.



Thank you!

Please watch DDRS Announcements for information on next month's webinar

