

DDRS Provider & Case Manager Monthly Webinar July 14, 2021



Welcome and Today's Agenda

- DDRS Goals
- COVID-19 Data Update
- COVID-19 Resources
- Rate Increase/CAP increase
- HCBS Mandatory Training
- New Referrals
- Quality Onsite Provider Reviews



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
1462

FSW
1076

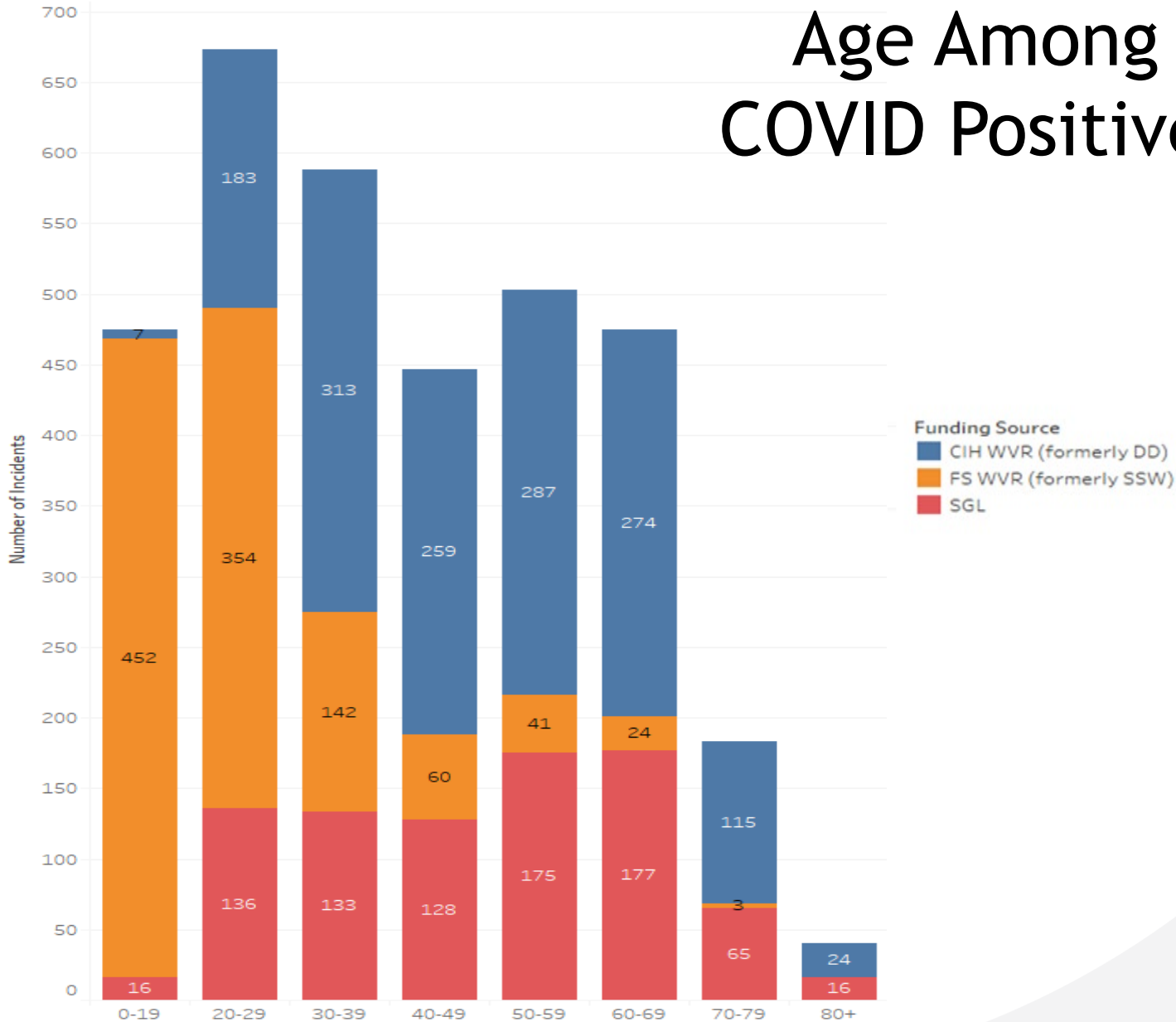
SGL
846

Total Cases: 3384
Total COVID-Related Deaths: 56



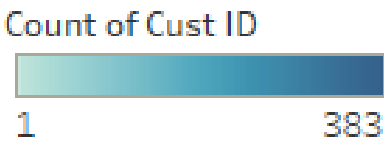
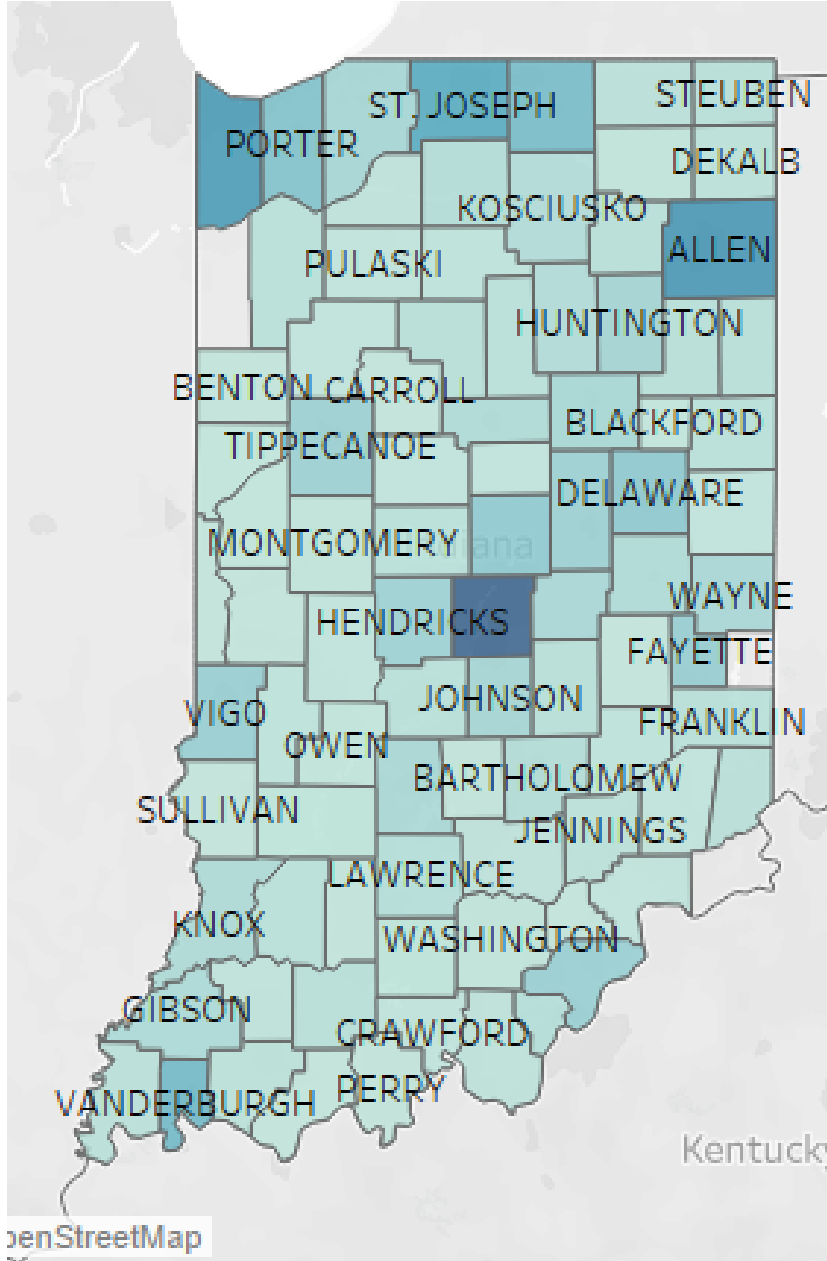
COVID-19 Data: Age Among Unique COVID Positive Cases

COVID Cases by Age and Funding Type



COVID Positive Cases by County

3384 Total Cases
Data as of 7/11/2021



Total COVID-related deaths- 56



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

**Waiver
1399**

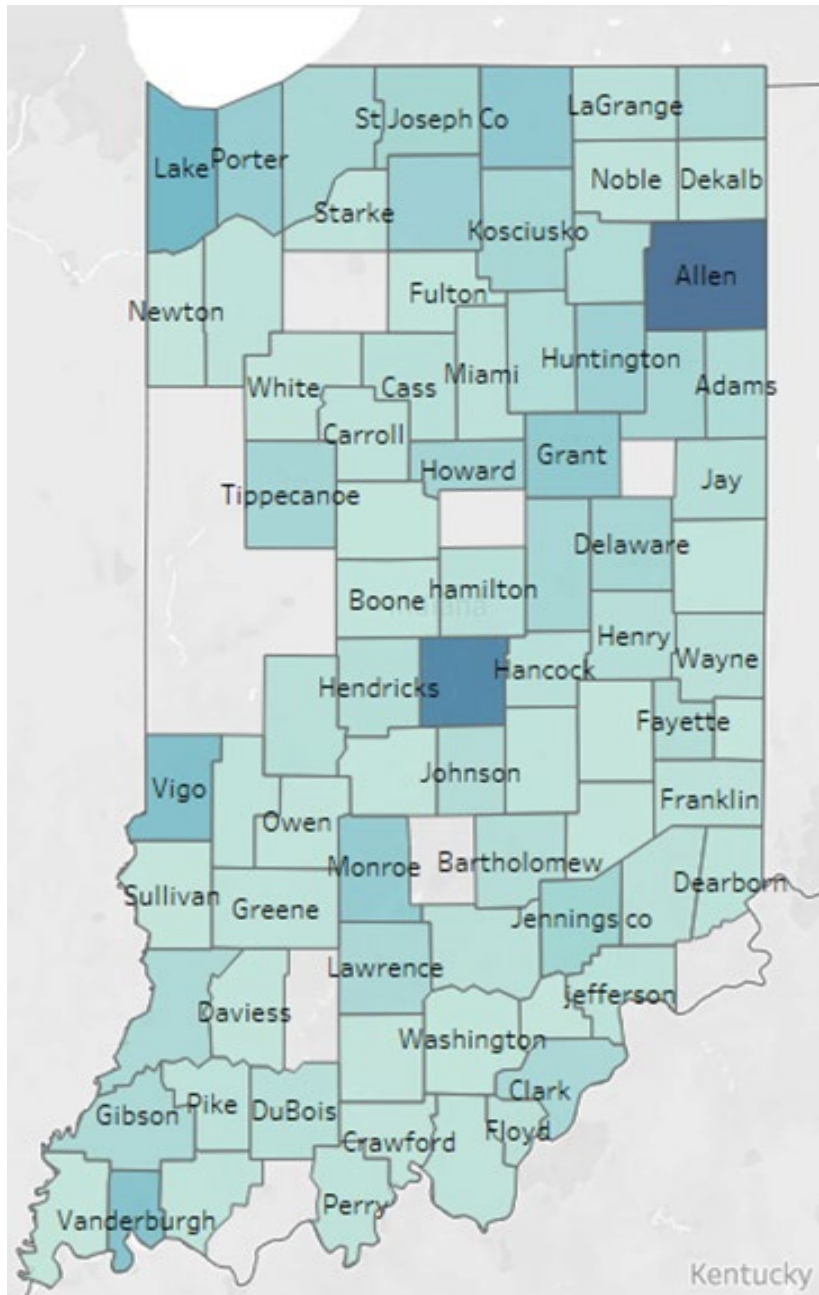
Total Cases: 2039

Total COVID-Related Deaths: 5

**SGL
640**



COVID Positive Cases by County - Staff



Total COVID-related deaths- 5



IIDC - Center for Health Equity

<https://www.iidc.indiana.edu/che/resources/covid-19-vaccination/index.html>

Vaccination resources including videos and fact sheets available for people with disabilities, their families and staff.

Available in English & Spanish

Topics include:

- FAQ about COVID-19 for Caregivers
- FAQ about COVID-19 for People with IDD
- How to Get COVID-19 Vaccine
- Infographic Fully Vaccinated – Inside and Outside



DSP Rate Increase

HB 1001 includes a 14% DSP rate increase for:

- 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

Rate increases require a waiver amendment. An amendment to Appendix K for the increase is being sought to allow for an earlier effective date.

System changes are in development to reflect the increases on or after August 1, 2021. However, effective date of the rates will be retroactive to July 1, 2021, upon approval by CMS. Providers may choose to wait to bill claims for these services until after August 1 when the system updates have been applied.

Provider Implementation Requirements can be found at
<https://www.in.gov/fssa/ddrs/files/Rate-Increase-Imp-Req.pdf>



HCBS Final Rule Training

BQIS is partnering with the National Association of State Directors of Developmental Disabilities Services to offer a web-based training opportunity focused on the Home and Community-Based Settings (HCBS) Final Rule. This is the first in a series of trainings on this topic. The presentation will review the purpose of the HCBS Final Rule and the core components of the rule, including person-centered planning, conflict-free case management, community integration, and home and community-based settings.

This opportunity is being provided at no cost to participants. This training is also **mandatory** for all current Bureau of Developmental Disabilities Services (BDDS) Providers of home and community-based services. This means if your organization is a current BDDS service provider of **any** home and community-based service, it is **required** that an executive level staff member of your organization attend this training. Sign-up, participation, and completion of this training will be tracked and monitored throughout the training.

Two opportunities: July 13th-or July 22nd from 3:00-4:30



Accepting New Referrals

If a provider is having critical staffing issues or maintaining a waitlist for service(s) the provider should NOT be accepting new referrals



Quality On-Site Provider Review (QOPR)

Assess the quality of supports and outcomes of individuals. The process will recognize and promote the progress a provider has made in aligning their service delivery system with the person-centered values embraced in the Charting the LifeCourse Framework and the requirements of the HCBS Settings Rule.

QOPR

The tool consists of two types of indicators

- Person Centered Indicators - focus on what is happening with the person
- Organizational Indicators – focus on provider capacity and systems that support individuals and address quality assurance in way that enables individuals to live their best life

Examples of Individual Indicators

The individual participates in the assessment process and prepares for their PC/ISP meeting in a way that communicate their wants, needs and desires

The person has control over the services they want to receive and are currently receiving

The person knows and evaluates all of their choices as they relate to services

The provider, as a member of the IST, uses their community contacts, relationships, experiences, and resources to contribute to supporting action toward an individual's preferred life

The provider complies with the HCBS Settings Rule as it relates to facilitating individual choice

Examples of Organizational Indicators

There is a system in place to support individuals in minimizing risk while living their best possible lives

There is a system in place to ensure individuals have the best possible health, while promoting independence and choice

The provider supports individuals to develop relationships outside of the service delivery system

The provider supports self-advocacy and choice

The provider supports individuals to actively participate in scheduled team planning meetings

There are strategies in place to learn what is important to and for individuals and implement that strategy in the person-centered planning process

Process

Email to explain QOPR and schedule
Pre-Survey
On Site Review (2 days, 2 reviewers)
Conversations
Document Review
Wrap-Up Mtg, including TA
Report



Ensuring a Voice

- Individual and anyone they choose as support
- Staff
- Staff Supervisor
- Management/CEO

Quality On-Site Provider Review (QOPR)

Preparing for visit

The process is intended to be easy.

The provider will receive an introductory email

The provider will be asked to complete a pre-visit survey

The provider will be asked to send a list of waiver participants by service

The provider will be asked to send a list of waiver employees, with date of hire

The provider will be asked to talk with individuals about our visit, and create a list of individuals who are willing to talk with us



Quality On-Site Provider Review (QOPR)

Preparing people for visit

The process will be most effective if people are at ease.

We have prepared a fact sheet that can be given to people in advance. Some areas to stress include:

We are trying not to use the words interview or audit but describing it as a conversation.

Some conversations are lasting 15 minutes, others an hour.

We would like to talk with the individual first and privately if they are willing. Staff should know this is our preference in advance, so they are not offended when/if we ask them to leave.

We may take some notes, but just so we can remember key points.



Quality On-Site Provider Review (QOPR)

Post visit activities

The provider will be asked to complete a post-visit survey

The provider will receive a written summary of the visit

You will have an opportunity to receive technical assistance and support with any areas for improvement identified

Quality On-Site Provider Review (QOPR) Pilot Experience

Strengths of Providers:

Commitment to individuals

Staff longevity

Flexibility in staff schedules to meet
desires of individuals

Relationships with family members

Well organized staff files

Quality On-Site Provider Review (QOPR) Pilot Experience

Identified areas of opportunities for Providers:

Rights issues

Staff training issues

Better communication amongst an individual's
team members

Increased communication between provider
administrative staff and DSP's

Quality On-Site Provider Review (QOPR) Pilot Experience

Technical assistance recommended or requested:

How to work with guardians/families

Individual Rights

HCBS Settings Rule

Requirements of risk plans

Cooking suggestions



Quality On-Site Provider Review (QOPR) Provider Feedback

Like the collaborative approach

Appreciate a different perspective to provider issues- has been helpful

Technical assistance being available is great

The information regarding individual rights and the HCBS Settings Rule has been great

Likes how it helps tie in the State requirements- not something their Accreditation does

Have expressed having several AH HA moments, just hadn't thought about a different approach until talking about it during QOPR



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Thank you!

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

