

**DDRS Provider & Case Manager  
Monthly Webinar  
September 1, 2021**



# Welcome and Today's Agenda

- DDRS Goals
- COVID-19 Data Update
- Others at Risk, CPR & DNR –Presented by Liberty
- Rate Increase Conversion
- Waiver Amendment
- COVID-19 Reporting Requirements
- Vaccine Education



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

**CIH: 1481**

Total Cases: 3462

**FSW:1119**

Total COVID-Related  
Deaths: 55

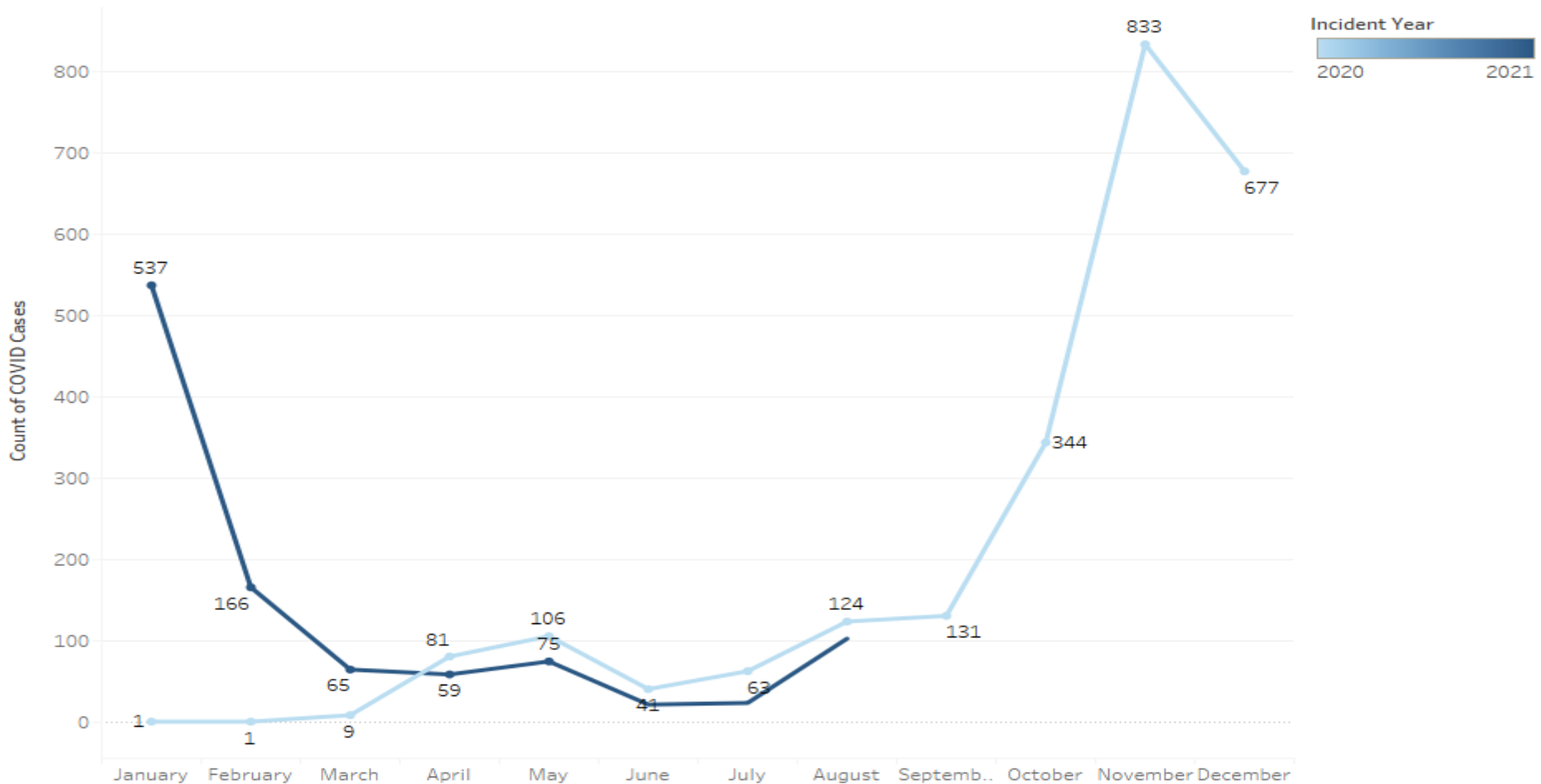
**SGL: 862**



# COVID-19 DATA: Individual COVID Cases by Month

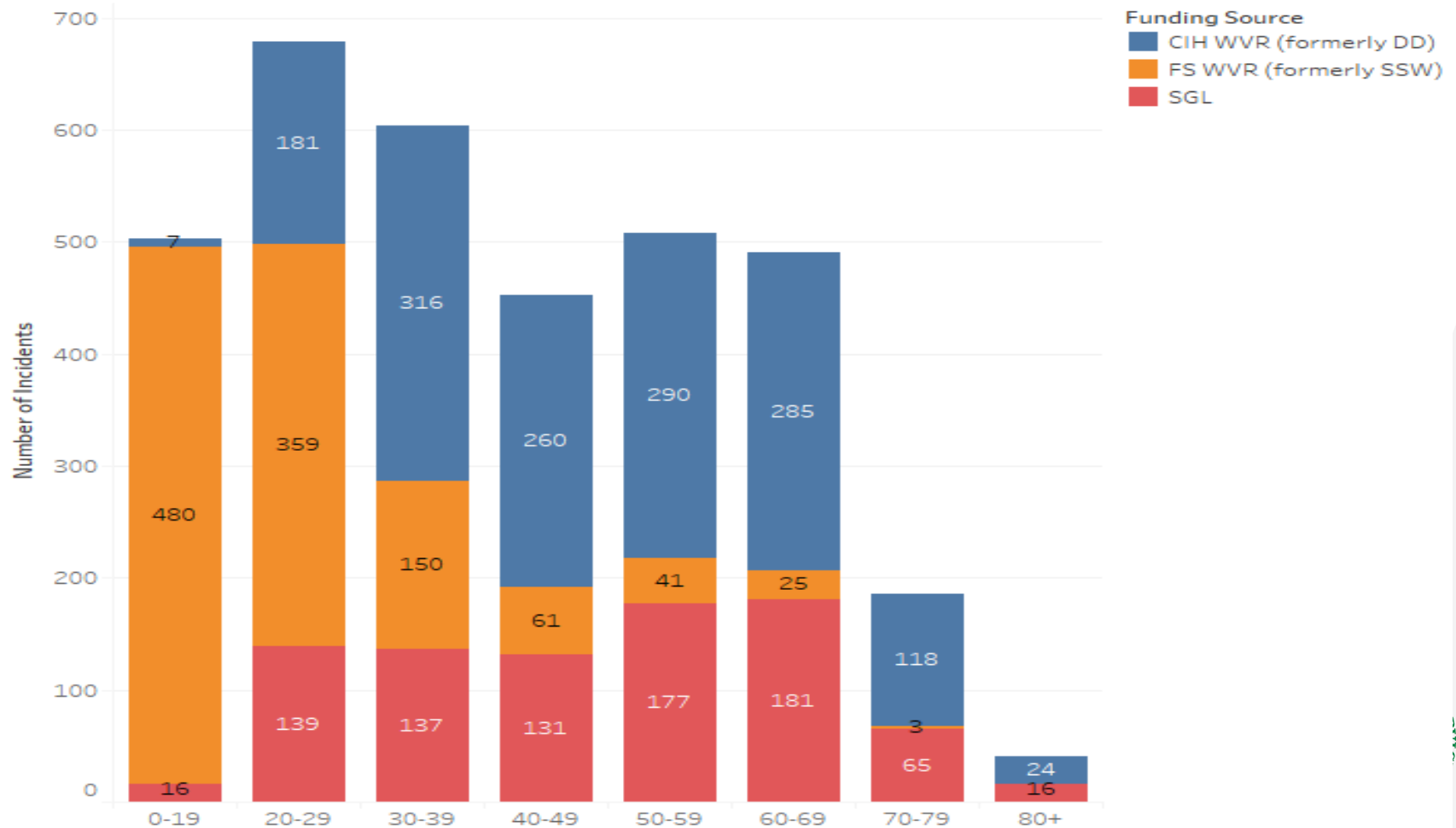
Individual COVID Cases by Month

Last Updated: 8/30/2021 1:38:07 PM



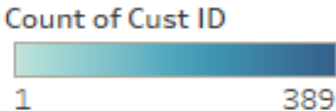
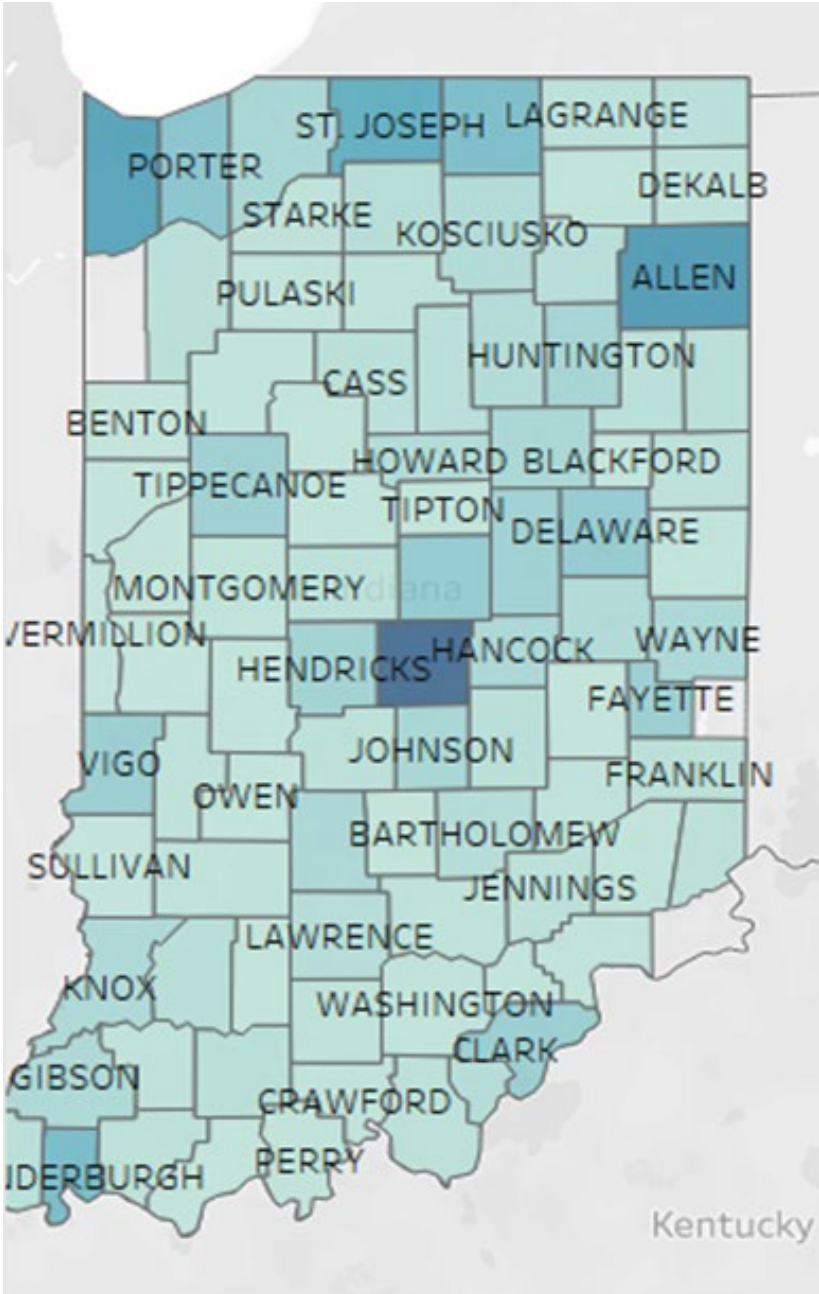
# COVID-19 Data: Age Among Unique COVID Positive Cases

Individual COVID Cases by Age and Funding Type



# COVID Positive Cases by County

3581 Total Cases  
Data as of 8/30/2021



Total COVID-related deaths- 55



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

**Waiver: 1468**

Total Cases: 2125

**SGL: 657**

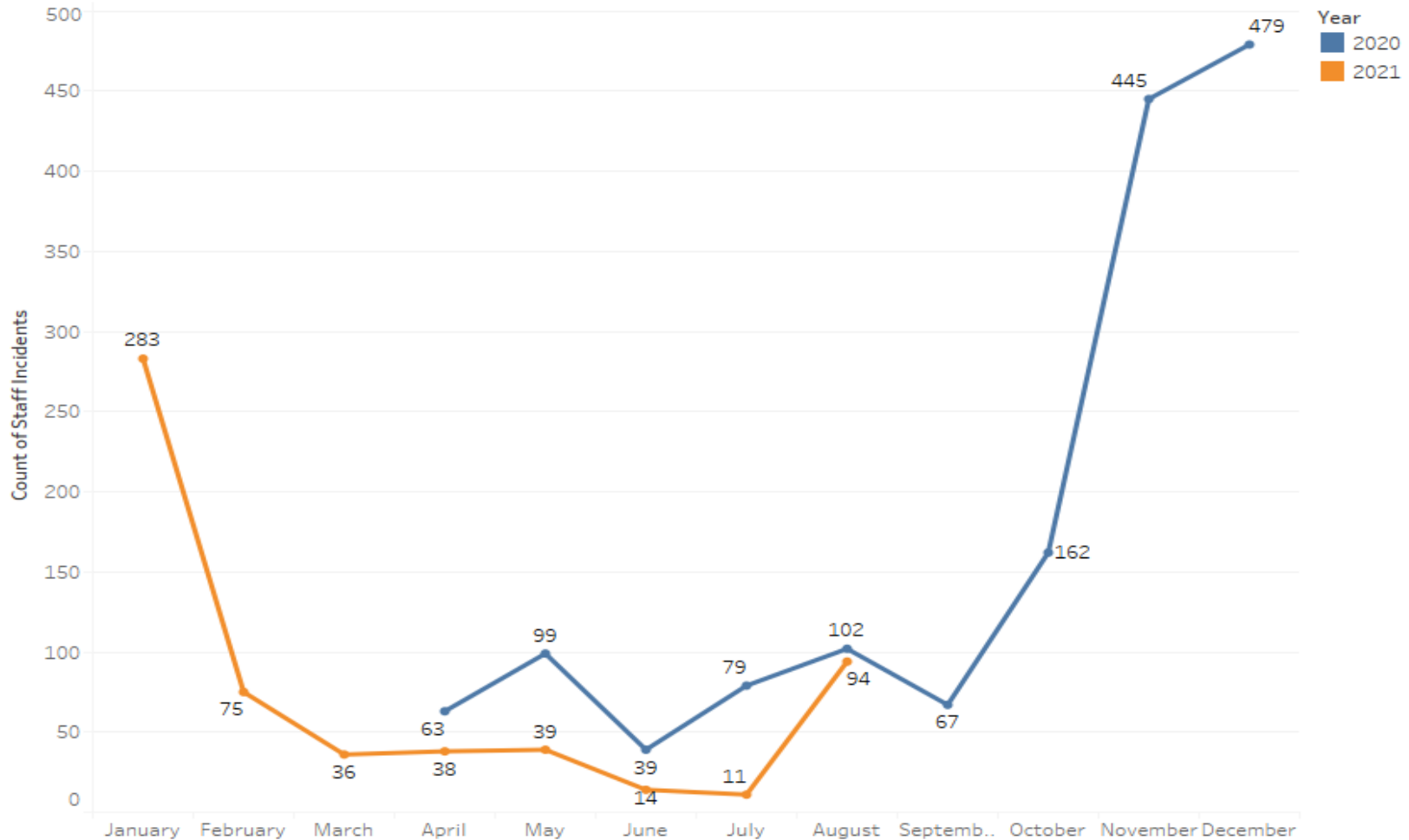
Total COVID-Related  
Deaths: 6



# COVID-19 Data: Staff COVID Cases by Month

Staff Covid Cases by Month

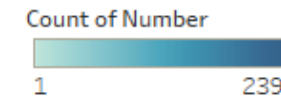
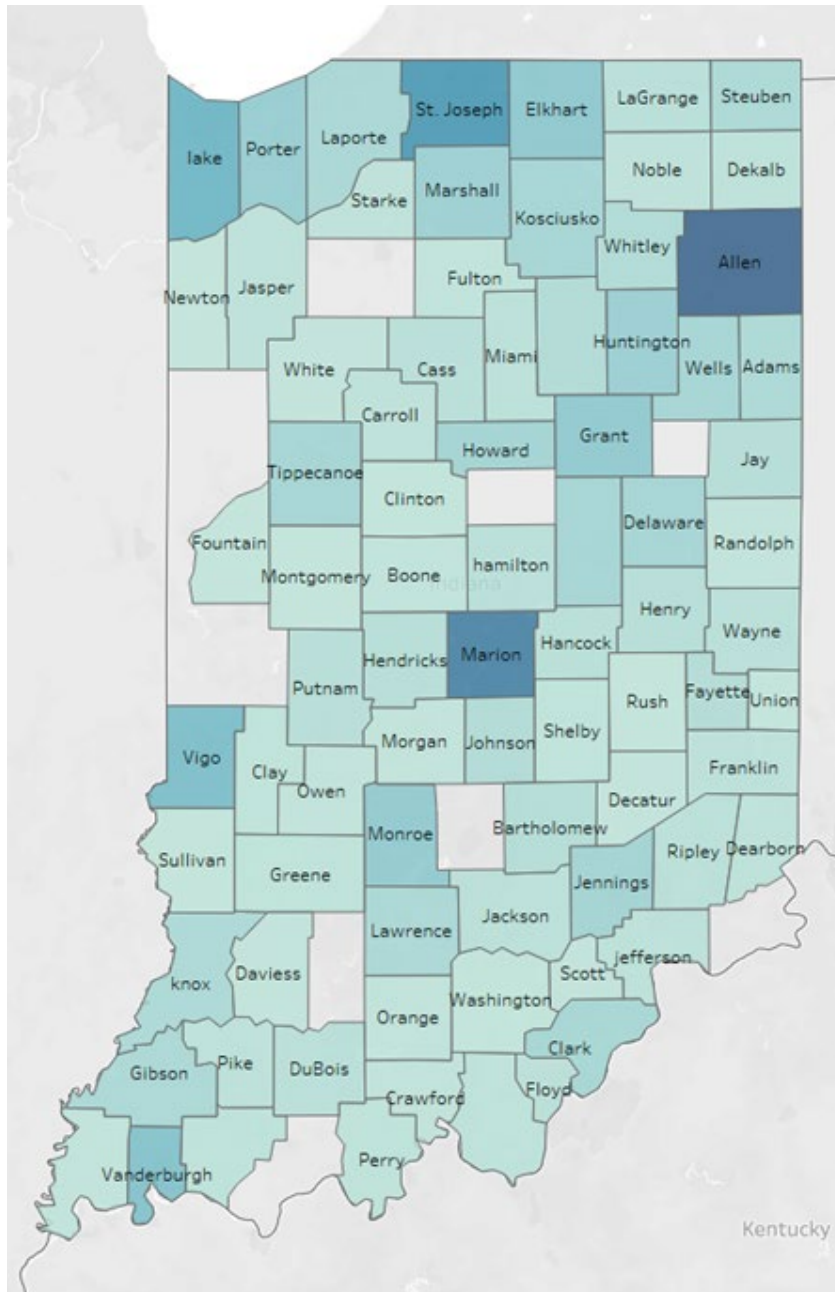
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# COVID-19 Data: Positive Staff Cases by County

2125 Total Cases  
Data as of 8/30/2021



Total COVID-related deaths- 6



# Others at Risk (OAR) Assessment, CPR, and DNR Overview

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## PRESENTERS:

Janet Delehanty, Liberty Executive Director

Shelley Horstman, RN, Liberty Mortality Review Nurse Investigator



## Indiana Code 1-1-4-3. Uniform Determination of Death Act

Sec. 3. (a) Only an individual who has sustained either:

- (1) irreversible cessation of circulatory and respiratory functions; or
- (2) irreversible cessation of all functions of the entire brain, including the brain stem;

is dead. A determination of death must be made in accordance with accepted medical standards.

In Indiana, generally, a nurse or a physician pronounces a person deceased but everyone else, police officers, EMTs, and firefighters will declare death.

Until a person is declared or pronounced dead, it must be assumed, in most circumstances, that an individual has the potential to be resuscitated and life-saving measures should be implemented.

According to the American Heart Association, if performed immediately, CPR can double or triple the chance of survival from an out of hospital cardiac arrest.



# Exceptions to performing life-saving measures

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- Active DNR order (Adhere to Provider's policy)
- Individual OBVIOUSLY has no chance at being resuscitated

For Example: Rigor mortis has set in

Lividity has set in

Body has started to decompose



# Do Not Resuscitate: DNR

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How do staff know if an Individual has a DNR order?

What is the Provider's policy on DNR orders?

Providers should be person-centered in regard to their policy

Are staff trained on the Provider's DNR policy?

Is the Individual, guardian, family members, etc. aware of the Provider's DNR policy?



# Others at Risk Assessment (OAR)

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**Purpose:** To determine if housemates or individuals who shared staff with the individual who passed away are at risk.

**Medical Facilities:** For those mortalities when the individual passed away in a hospital, nursing home, etc.

**Communities:** For those mortalities when the individual passed away in the home or community.

Priority vs. Non-Priority

Escalated Review



# Question 1. Prior to the Individual's death, did staff observe the Individual experience a medical emergency?

Focus: Identifying a medical emergency

- Loss of consciousness, difficulty breathing, slow or no pulse, choking, unresponsive, excessive bleeding, traumatic injury, altered mental status accompanied by physical symptoms

Focus: **FIRST:** CALL 911/EMERGENCY SERVICES

SECOND: Initiate life-saving measures, if required

THIRD: When able, contact appropriate personnel (i.e., supervisor, nurse, etc.)



## **Question 2. Did Staff observe changes or a decline in the individual's physical condition or bodily functions.**

Focus: What type of changes – vital signs, I & O, activity level, appearance, sleep, behavior, pain, etc.

Focus: When were those changes observed – time frame





### **Question 3: Prior to the Individual's death, did staff observe changes in the Individual's behavior?**

Changes in behavior can also be caused by a physical or health reason.

Focus: What to look for: Changes in mood, participation, engagement, focus, affect, attitude, etc.

Focus: Are there any physical signs/symptoms that there may something else going on?

Focus: Did the changes last for a period of time or just a one-time observance?

Focus: Was anyone notified? Individual get evaluated?



## Question 4: Did the Individual who died have known and identified (documented) health or safety risks?

Focus: Were those risk plans being followed?

Focus: Was there a way to accurately track the individual's risk? i.e., tracking logs

Focus: If risk plans were not being followed, were steps taken to protect the individual from the risk plan not being followed? e.g., 911 called, manager/supervisor being notified, HCP being notified/called, filing an incident report

Focus: Following the individual's death, did management take steps to ensure that other individuals' risk plans were being followed? e.g., removing/suspending staff, increasing oversight, staff training etc.



## **Question 5: Did the Individual who died have known/identified behavior support needs that were addressed through a documented behavior support plan (BSP)?**

Focus: Did staff observe and document any of the individual's know and identified behavior support needs prior to the death?

Focus: If so, did staff follow the BSP?

Focus: If staff did not follow the BSP, did this contribute to the individual's death?

Focus: Were accurate and timely tracking logs maintained?

Focus: If it was identified that the BSP was not being followed, did Provider intervene and take steps to protect the individual? e.g., notifying supervisor/manager, notifying behavioral/medical professional, incident report, calling 911.

Focus: Following the individual's death, did management take steps to ensure that other individual's behavior plans were being followed? e.g., removing/suspending staff, increasing oversight, staff training, etc.



## Question 6: If required, did the individual who died have physician orders?

Focus: Were the physician orders being followed?

Focus: Were all of the individual's medical needs in which there was a physician's order, addressed through EITHER a risk plan, documented support plan or medication administration records (MARs)?

Focus: Were logs accurately maintained?

Focus: If there was evidence of physician order(s) not being followed, did staff intervene and take steps to protect the individual from the failure? e.g., notifying a supervisor/manager, notifying a medical professional, calling 911, filing an incident report.

Focus: Following the individual's death, did management take steps to ensure that other individual's physician orders were followed? e.g., removing/suspending staff, increasing oversight, staff training?



**Question 7: Prior to the Individual's death, did staff observe (and properly document/report) anyone treating the individual with cruelty or violence, inflicting emotional or physical harm/pain, or offending, humiliating, or intimidating the individual?**

Focus: If yes, did staff take steps to protect the individual? e.g., Notifying a supervisor/manager, filing an incident report, calling 911, calling APS?

Focus: If yes, did management take steps to protect other individuals? e.g., removing/suspending staff, increasing oversight, staff training, etc.



**Question 8: Prior to the individual's death, did staff engage in activities that may have led to inadequate supervision or support services? E.g. Drug/alcohol use, sleeping, phone use, leaving individual unsupervised, etc.**

Focus: Did staff take steps to protect the individual? e.g., notify supervisor/management, file an incident report, call 911, call protective services.

Focus: Did management take steps to protect other individuals from inadequate supervisor or support services? e.g., removing/suspending staff, increasing oversight, staff training, etc.



# Rate Increase Conversion - Reasons for Reduction

- CIH
  - ‘Buckets’ issue
  - Existing budget over approved allocation
  - Plan year timing and service ‘loading’
- FSW
  - Transportation limit already exceeded
  - Plan year timing and service ‘loading’



# DSP Rate Increase – Reminder

- 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***





# Waiver Amendments and 1915(b)(4)

- Intent to submit proposed 1915(b)(4) selective contracting waiver application and proposed amendments to CIH/FSW were announced for public comment on July 28<sup>th</sup>.
- Public comment period ran through August 27<sup>th</sup>
- 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



# COVID Reporting Requirements

Individuals receiving any BDDS supports who test positive for COVID-19 should be reported via an incident report.

Staff who test positive for COVID-19 should be reported through [this link](#).



## **Interim Final Rule -COVID-19 Vaccine Immunization Requirements for Clients and Staff in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)**



# Vaccine Education

On May 11, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes Long-Term Care (LTC) Facility Vaccine Immunization Requirements for Residents and Staff.

CMS added new requirements at 42 CFR 483.460(a)(4) directing ICF/IID to develop policies and procedures to educate clients, their representatives, and staff on the benefits and risks, and potential side effects of the COVID-19 vaccine.

Furthermore, ICFs/IID are encouraged to report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).

Further, the ICF/IID must offer the vaccine unless it is medically contraindicated, or the client or staff member has already been immunized. Additionally, the facility must maintain appropriate documentation to reflect the provision of the required COVID-19 vaccine education.



# Vaccine Education

CMS continues to encourage ICF/IID to voluntarily report COVID-19 incidence and vaccination status of clients and staff, each dose of vaccine received, COVID-19 vaccination adverse events, and therapeutics administered to clients to treat COVID-19 on the CDC NHSN website.

Noncompliance related to the new requirements for educating and offering COVID-19 vaccination to clients and staff will be cited at W-tags 500-507.

Link for complete memo regarding CMS guidance:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/interim-final-rule-covid-19-vaccine-immunization-requirements-clients-and-staff-intermediate-care>



# Vaccine Education

CMS reminds surveyors that clients have the right to refuse the vaccine and “facilities cannot take any adverse action against a client or representative who refuses the vaccine, including social isolation, denied visitation, or involuntary discharge.”

Additionally, “staff may refuse the COVID-19 vaccine, per EEOC guidance:” Once a staff member refuses the vaccine and all education, the facility does not need to continue to educate, and there is not a requirement to offer again. CMS points out that “the requiring of staff to be vaccinated for COVID-19 will be subject to state or local law.”



# Homebound Vaccine Program

- If an individual is homebound and wants the COVID-19 vaccine, he or his representative can call 211.
  - They must identify themselves as someone who is homebound and wanting the COVID-19 vaccine.
  - The individual will be contacted to schedule.
- Case Managers and Providers can also contact their local Walgreens or health department to discuss what availability they may have to administer the vaccine.

