

DDRS Case Manager and Provider Meeting March 20, 2020



Welcome and Today's Agenda



Welcome and Today's Agenda

- Introductions
- DDRS Activities
- Bureau Updates:
 - First Steps
 - Vocational Rehabilitation
 - Bureau of Developmental Disabilities Services
- Next Steps



DDRS COVID-19 Activities

- Daily
 - FSSA Leadership Calls
 - DDRS Leadership Calls
 - ISDH/FSSA Calls re: LTC Facilities/ICFs/IID
- Critical Stakeholder Group Calls - M/W/F
- Working to Expedite Policy, Funding, and Regulatory Changes
- DDRS Staffing and Offices



First Steps

- Hosting Regular Calls with SPOEs, agencies, and independent providers
- All current billing and claiming rules apply
- Continue to take new referrals for children and families at all SPOEs
- Notify State First Steps office of any significant changes, temporary suspensions, office closures.
- Please send all communications - including questions, concerns, or issues with billing and claiming - to FirstStepsWeb@fssa.in.gov.



First Steps

- New Policy, Forms, Guidance Released Monday
- Includes Option to Deliver Services Virtually
- Guidance Includes Best Practices and Implementation for Tele-practice
 - Tele-practice sessions will be paid at “offsite” rate
 - Adding a new procedure code for all direct service providers to access around family counseling and training
 - Providers should also consider moving from typical 60 minute sessions to two 30 minute sessions
 - NO changes to authorization as long as total time does not exceed 60 minutes.



Bureau of Rehabilitation Services

- Most Staff Working from Home
- Providers should continue to notify us of:
 - any significant change in service delivery,
 - use of vendor office space, and
 - office closures



Bureau of Rehabilitation Services

- In general, Virtual Service Delivery is Encouraged
- If face to face is needed, be sure to ask a few questions to assess risk before meeting:
 - Experiencing Symptoms
 - Is individual in High Risk population
 - Recent Travel
- In determining whether to use virtual format, consider:
 - exercise common sense precaution,
 - Has the individual requested it
 - focus on the intent/purpose of the service/meeting, as well as those high risk concerns, and
 - make the decision on whether the meeting/service can be done virtually or whether in-person is needed.
- Communication is critical.



Bureau of Rehabilitation Services

- Service provision / meetings must be meaningful
- If meaningful service cannot be provided, consider postponing services and revisiting at a later time
- Examples of meaningful employment services:
 - **For new referrals:**
 - Remote interviews to get to know the participant
 - Explain the employment services process
 - Answer participant questions
 - **During Discovery:**
 - Discussion of participant likes, dislikes, preferences especially if early in the process
 - Discussion of activity that has already occurred if that hasn't been reviewed yet (such as what was learned in recent work experience)
 - Provision of online or other written tools and resources to help with vocational goal selection; reviewing, discussing, explaining results
 - Working together on the discovery profile
 - Virtual team meeting with participant, Employment Specialist, and VR Counselor on the Job Development & Placement Plan



Bureau of Rehabilitation Services

- Examples of meaningful employment services:
 - **During Job Development:**
 - Discussion of job openings, where to apply, application process
 - Working on applications together may involve email exchange or video conferencing
 - Email exchange or video conference discussion of resume and updates
 - Discussing responses to interview questions and interview practice
 - Following up on interviews - discussing what was learned
 - **After placement:**
 - Discussion of current job, how it is going, addressing any issues/accommodation needs, identifying and arranging for possible natural supports
 - Provision and review of online or other written resources to help address areas of need (e.g. getting along with coworkers)
 - Virtual team meetings with participant, Employment Specialist and VR Counselor



BDDS/BQIS Update

- Providers should continue to notify us of:
 - Service or Site Closure / Suspensions
 - Visitor restriction
 - Any significant change in service delivery
- What to Report:
 - Number of individuals impacted
 - Estimated closure duration and reason - if unknown, plan to evaluate need to reopen
 - Reason for Closure - Preventative or Confirmed Case
 - Alternate Planning, if any
 - How individuals and families are / will be notified
- How/Where to Report:
 - E-mail Your Local District Manager or BQIS.Help@fssa.in.gov



BDDS/BQIS Update

- DDRS will extend the timeline for reporting incidents to 48 hours from incident occurrence or point reporter becomes aware of occurrence, except the following circumstances:
 - Incidents related to alleged abuse, neglect or exploitation must still be reported within 24 hours from incident occurrence or point reporter becomes aware of occurrence.
 - DDRS is requesting incident reports be filed within 24 hours when participant is presumed positive with COVID-19.
 - Presumed positive means individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory
- IRs are not required for COVID-19 related service/site closures/suspensions, visitor restrictions, or other changes in service delivery.



BDDS/BQIS Update

- If Day Service locations remain open, consider instituting the following protocols:
 - At all times:
 - Encourage your staff or community members to protect their personal health.
 - Post the signs and symptoms of COVID-19
 - Encourage people to stay home when sick.
 - Clean surfaces that are frequently touched - things such as shared desks, countertops, kitchen areas, electronics and doorknobs.
 - Limit events and meetings that require close contact.
 - Consider restrictions on visitors
 - Stay up to date on developments in your community.
 - Create an emergency plan for possible outbreak.
 - Assess if community members are at higher risk and plan accordingly



BDDS/BQIS Update

- If Day Service locations remain open, consider instituting the following protocols:
 - During an outbreak in your area:
 - Send home or separate anyone who becomes sick.
 - If you identify a case, inform people who might have been exposed.
 - Continue to safely clean and disinfect the person's area.
 - Connect with your local health departments.
 - Cancel large meetings or events.
 - Put your infectious disease outbreak plan into action.
- At this time, there is no directive from the State to close day services. Providers are encouraged to use their best judgement to determine needs from an individual and service perspective.



BDDS/BQIS Update

- OMPP has issued guidance permitting broad use of telehealth to support service delivery, highlights include:
 - Appropriate consent from the member must be obtained by the provider prior to delivering services.
 - Documentation must be maintained by the provider to substantiate the services provided and that consent was obtained.
 - Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the provider and patient, and be available for postpayment review.
 - The provider and/or patient may be located in their home(s) during the time of these services.



BDDS/BQIS Update

- OMPP guidance highlights continued:
 - Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the patient.
 - This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication, but does not include the use of non-voice communication such as emails or text messages.
 - When billing telemedicine for services *not* listed on *Telemedicine Services Codes*, providers **must** include both of the following on the claim:
 - Valid procedure code(s) for the IHCP covered service
 - Modifier GT - *Via interactive audio and video telecommunication systems* (This modifier will be used to indicate that services were furnished through telemedicine communication.)
- Refer to [IHCP Bulletin BT202022](#) issued on March 19



BDDS/BQIS Update

- Under this guidance, the following services, when appropriate, should be explored and utilized as telehealth options:
 - Case Management
 - Behavior Management
 - Therapies, including PT, OT, Speech, Music, and Recreational
 - Extended Services
 - Wellness Coordination
- BDDS is developing additional guidance to support the use of telehealth options with other approved waiver services
- Remote Supports remain available on the CIH waiver and should be explored as an alternative option, as appropriate.



BDDS/BQIS Update

- Guidance Related to Limited Personal Protective Equipment
 - If you have PPE, use conservatively and reuse if possible.
 - Non porous surfaces (shields, some gowns, gloves) can be washed with bleach.
 - Follow the guidelines from ISDH (https://www.in.gov/coronavirus/files/IN_COVID-19_out_of_hospital_03.17.2020.pdf.pdf) to reduce the contact with a sick patient.
 - Refer to CDC guidelines for Respirator Strategies - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
 - If you have surgical masks, put them on the individual (if they will tolerate it) with symptoms. Respiratory droplets are what spreads the disease so if you want to decrease spread putting it on the infected person is step one.
 - Have workers keep their masks and reuse them - try wearing one mask / day. If they can limit their movement between those who have symptoms and those who don't that would also help.



BDDS/BQIS Update

- Guidance Related to Limited Personal Protective Equipment
 - When talking with vendors, explain situation and see if they could assist splitting an order with another customer?
 - Reach out to local entities that might have some level of PPE on hand:
 - Local Health Departments
 - Other HCBS Service Providers - aging, mental health, or disability
 - Home Health Agencies
 - Hospitals
 - Physician, dental, or optometric offices
 - YMCAs, local gyms, churches
 - Closed day program/service settings
 - If an individual in a residential setting is presumptively positive (individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory), contact the Division to explore opportunity to secure PPE.



BDDS / BQIS Updates

- **Guidance for ICF/IDD visitors:**
 - SGLs and CRMNFs should follow the guidelines established by CMS regarding visitors
 - <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>
- **Guidance for congregate residential HCBS site visitors:**
 - Providers supporting congregate residential HCBS sites are encouraged to assess each setting to determine the need for restrictions or other measures regarding visitors.
 - In particular, they should consider whether and to what extent the site supports individuals more at risk for COVID-19 including:
 - Older adults
 - People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease
 - The following checklist published by CMS may be useful in making these types of determinations:
https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
- **Consider Creative Alternatives to Support Individuals in Maintaining Contact with Family and Friends During Visitor Restrictions**



BDDS / BQIS Updates

- Guidance Provided to Families re: Changes in Service Provision
 - Prepare for the possibility that there could be disruptions in your daily routine.
 - May be a need to explore and seek out supports for your loved ones should staffing and/or typical programming options become unavailable.
 - While it is expected that some notice would be given by your provider if there was a break in service, the length of notice would depend on the situation at that time.
 - It is recommended that, as a family, you begin to develop a plan should you find yourself in a situation with less formal support.
 - A family member or guardian may choose to bring the individual to their home or keep an individual in their home and out of services during this time.
 - It is recommended to pursue this option, the individual support team should meet on a regular basis as the situation evolves to ensure the safety of the individual and to allow for a smooth transition back to services once the individual, family and provider are ready to do so.
 - It is possible that certain service interruptions may occur, such as closure or short-term access limitations to day program service operations. This may require families to make schedule adjustments or prepare for other support options or plans for at home support for a period of time.



BDDS / BQIS Updates

- Update on Appendix K
 - What is an Appendix K - a process to amend HCBS waivers temporarily during emergencies
 - States can use Appendix K to:
 - Temporarily increasing modifying service, scope, coverage
 - Temporarily add services
 - Temporarily expand settings
 - Temporarily modifying provider qualifications
 - Temporarily expand use of family caregivers
 - Appendix K applies retroactively to the date the emergency was first declared



BDDS / BQIS Updates

- Efforts to Provide Flexibility in State Code/Regulation
 - On an on-going basis, state agencies are reviewing the need to “waiver” certain codes and regulations to provide flexibility.
 - As these are approved, they will be shared through Executive Order.
 - To date, the most current Executive Order included waiver to permit:
 - Telehealth
 - Authority to modify or suspend provider staffing, enrollment, and hiring requirements - *BDDS will issue further guidance on this shortly*





- First Steps Questions:
FirstStepsWeb@fssa.in.gov
- BRS / VR Questions:
VRProvider@fssa.in.gov
- BDDS / BQIS Questions:
BQIS.Help@fssa.in.gov

