



DDRS Advisory Council

January 20, 2021

Welcome and Today's Agenda

Agenda Item	Time	Discussion Leader
Welcome and Introductions		Kylee Hope
Data Update: <ul style="list-style-type: none">• COVID-19 Cases• Quarterly Data Report	15 minutes	Kim Opsahl
Life Course Framework Training – Results to Date	30 minutes	Heather Dane Kim Opsahl
COVID Update and Discussion: <ul style="list-style-type: none">• Provider and Individual Back-Up Plans• Vaccine Updates• PPE Distribution• Provider Grants• Workforce Support	45 minutes	Kylee Hope Cathy Robinson
EVV Overview and Update	30 minutes	Michael Cook, OMPP
Next Meeting: February 17, 2021		



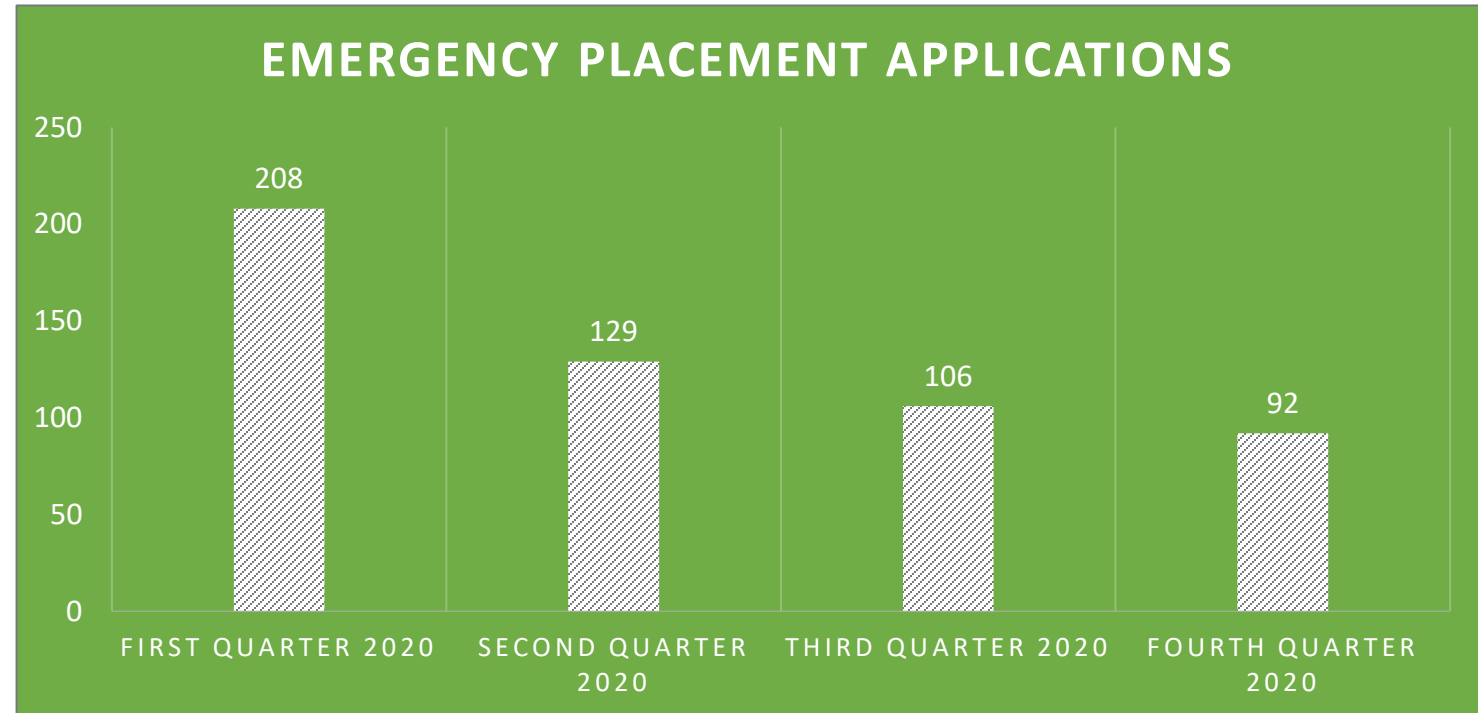
Data Update:

- Quarterly Data
- COVID-19 Data

Kim Opsahl, Associate Director
Division of Disability and Rehabilitative Services



Applications for Emergency Placement - Priority Waivers*



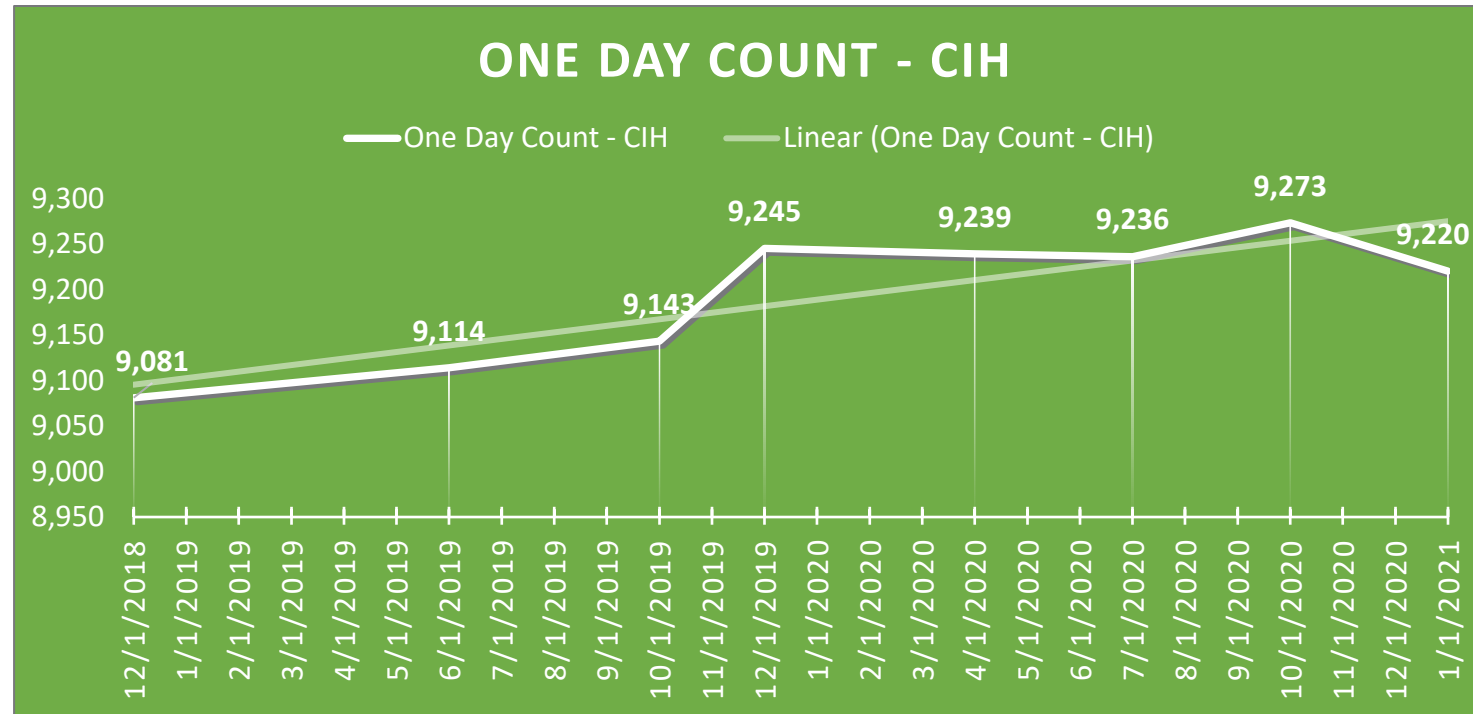
Source: BDDS DART Data System

**All counts are unduplicated*



Number of Individuals on BDDS Waivers – One-Day Count:

- Community Integration and Habilitation*:

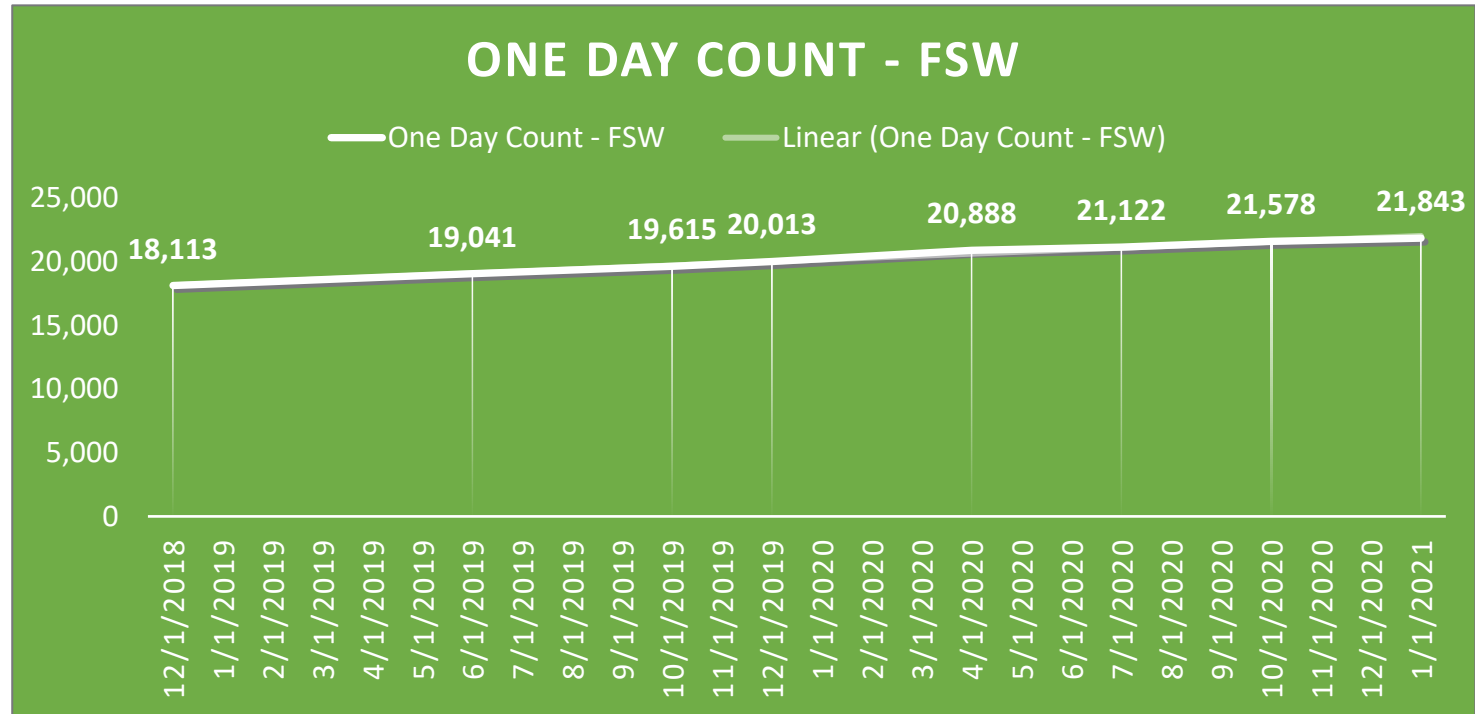


Source: BDDS Portal

**All counts are unduplicated*



- Number of Individuals on BDDS Waivers – One-Day Count:
 - Family Support Waiver*:

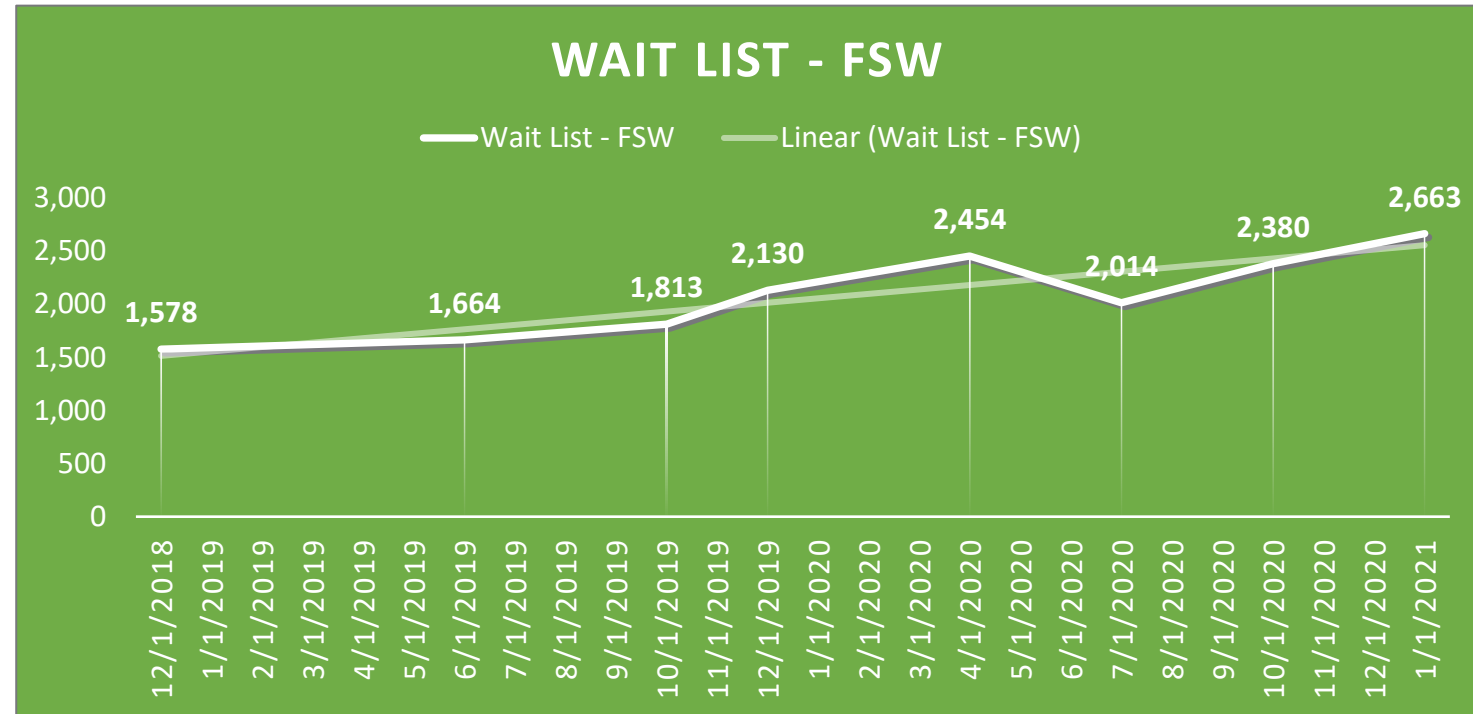


Source: BDDS Portal

**All counts are unduplicated*



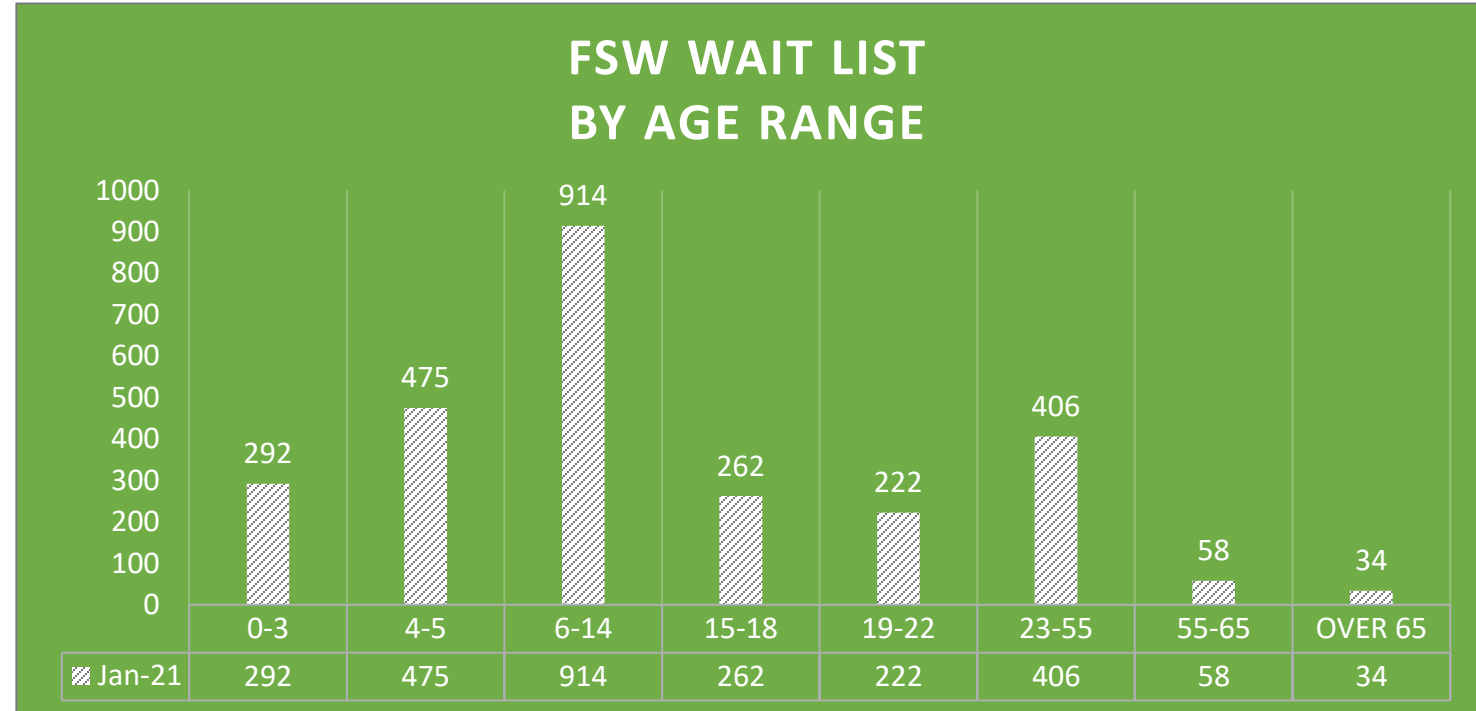
- Number of Individual on Family Supports Waiver Waiting List:



Source: BDDS DART Data System



- FSW Wait List by Age Range



Source: BDDS DART Data System



Total Number of BDDS COVID+ Cases

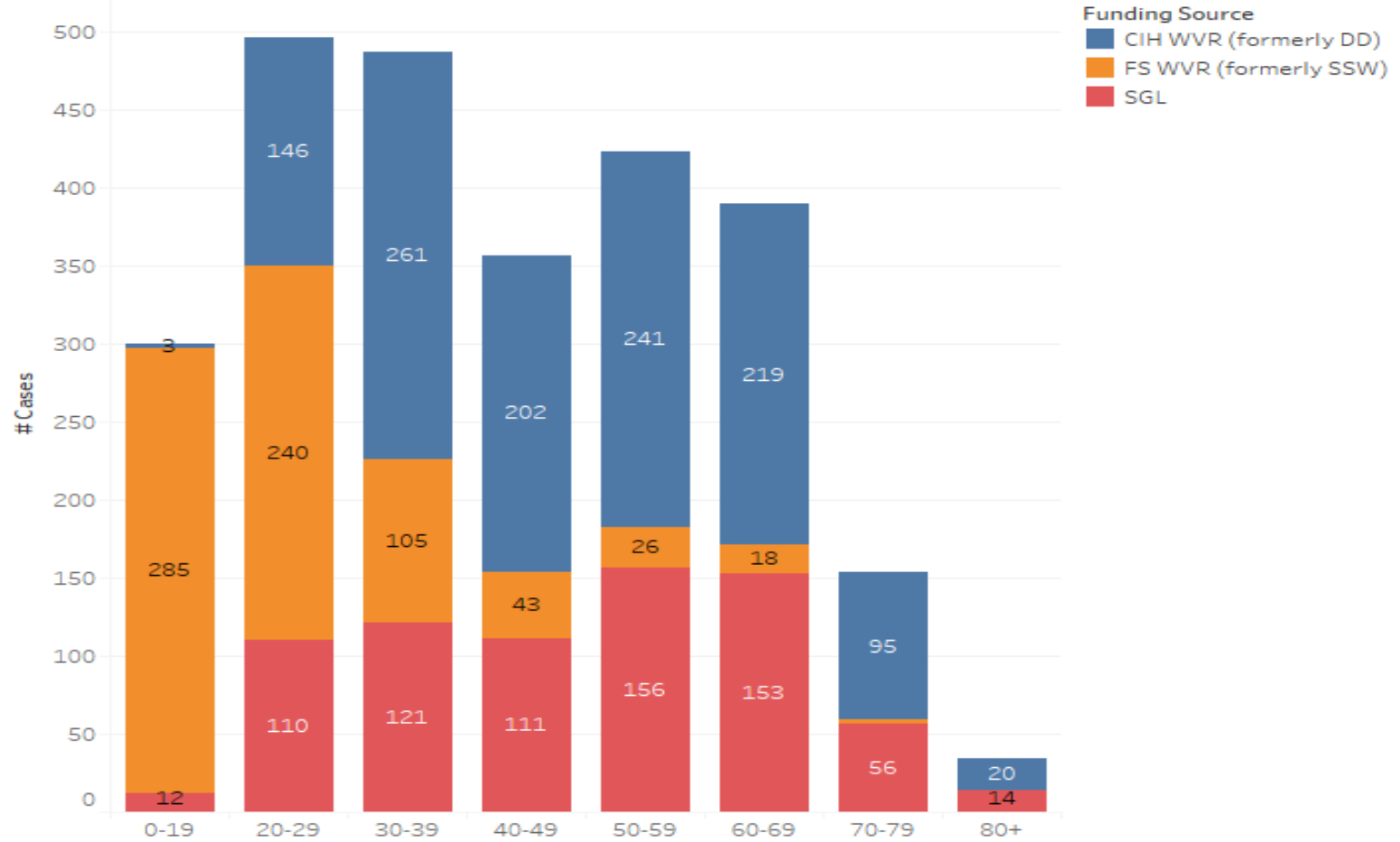


Data as of 01/19/21

Total Cases: 2640
Total COVID-Related Deaths: 53



Age Among Unique COVID+ Cases

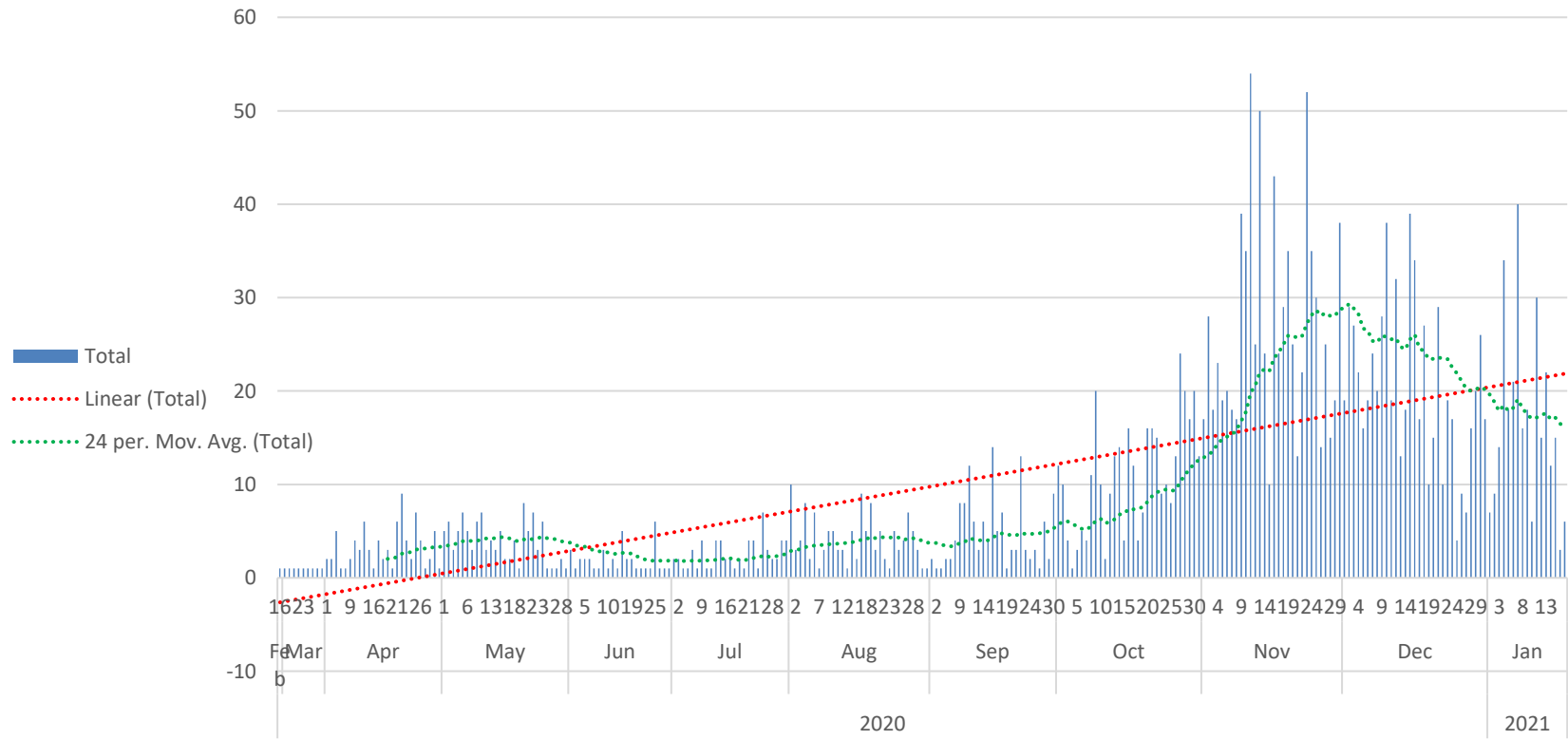


Data as of 01/03/21



COVID Positive Cases by Day

Positive Individual Cases by Day
Date Range: February 16, 2020 - January 18, 2021
n = 2640

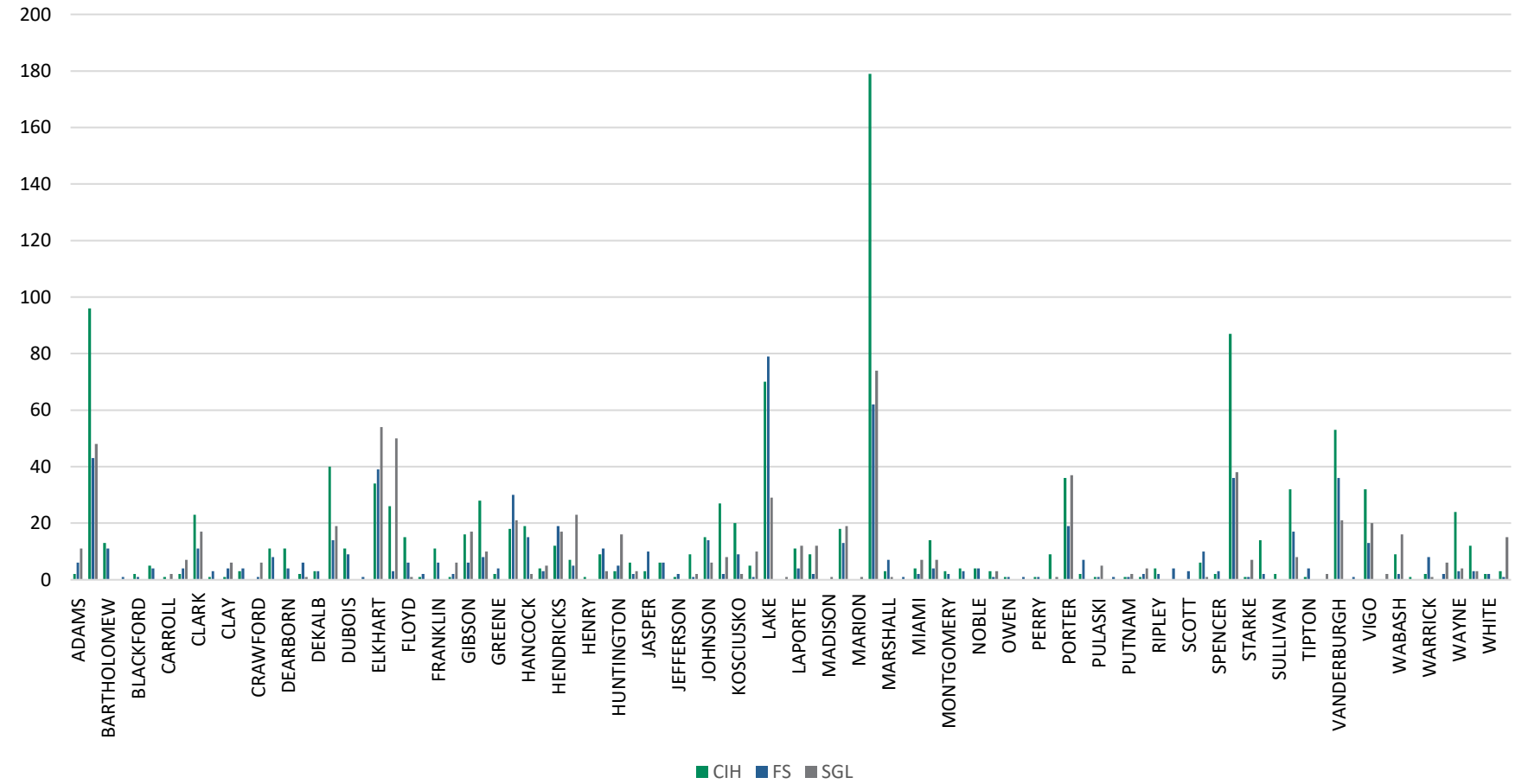




Positive Cases by County & Funding Type

Positive Individual Cases by County/Funding Type

2640 Total Cases
Data as of 1/19/2021

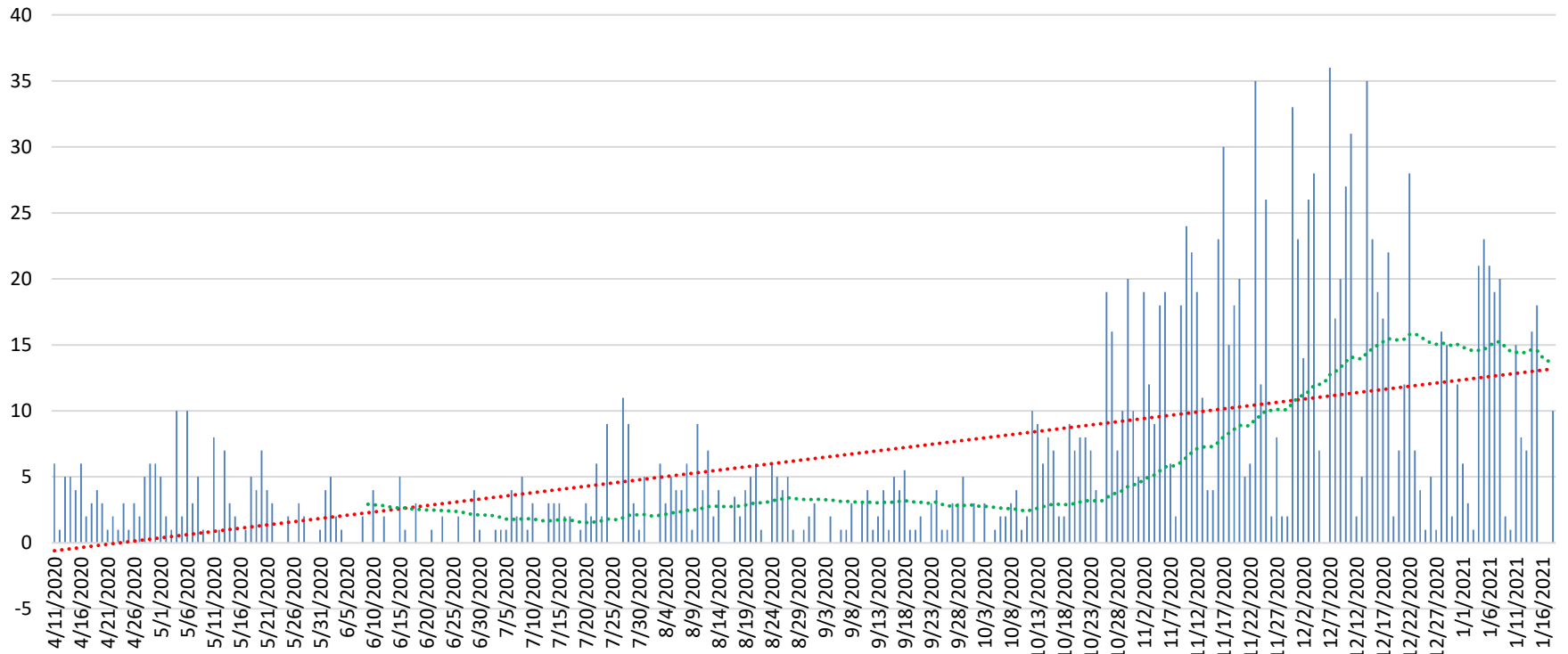


Total COVID-related deaths- 53



Staff Positive Cases by Day

Positive Staff Cases by Day
Date Range: April 11, 2020* - January 19, 2021
n=1737



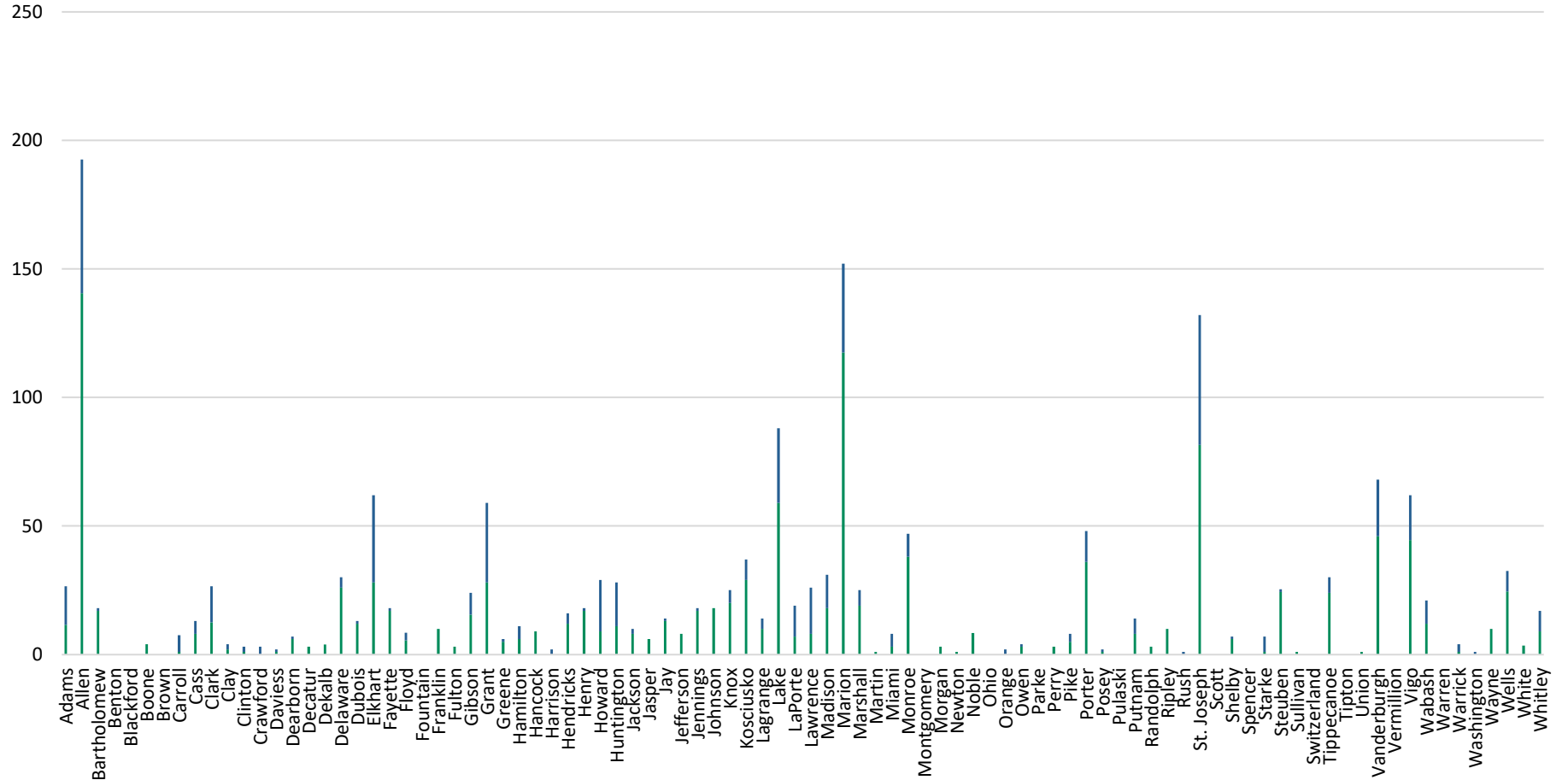
*Note: Staff reports were not required prior to 4/10/2020.



Staff Positive Cases by County & Funding Type

Positive Staff Cases by County/Funding Type

1737 Total Cases
Data as of 1/19/2021



Total COVID-related deaths- 5

■ WVR ■ SGL



LifeCourse Framework Training Results to Date

Heather Dane, HCBS Director,
Bureau of Developmental Disabilities Services

Kim Opsahl, Associate Director
Division of Disability and Rehabilitative Services



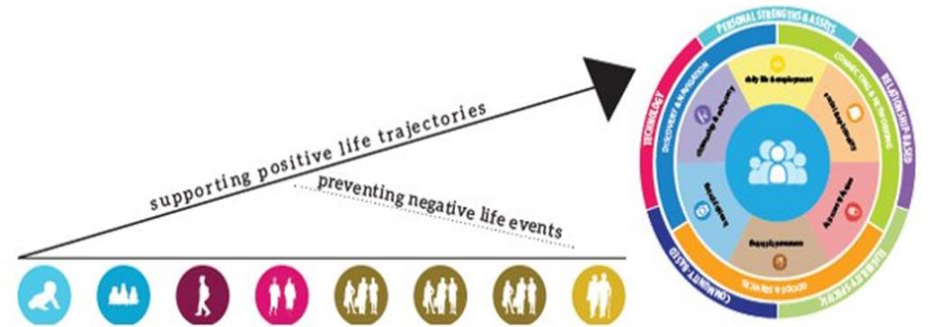
Reflections from PCISP Certification Training

Creating Person Centered Individualized Support Plans for Success

Part 1: Setting the Stage

Part 2: Being Person Centered

Part 3: Being Strength Based



*Every PCISP should be:
Strength Based, Person Centered and Provide
Opportunities for Integrated Supports*



Reflections from PCISP Certification Training

2020 Participation September - December			
	Registered for One or More Session	Attended All Three Sessions	Submitted Certification Materials
BDDS	43	32	5
Case Manager	185	110	31
Center for Independent Living	1	0	0
Misc.	3	2	0
Parent/Guardian	10	3	1
Provider	147	51	8
Totals	389	198	45



Reflections from PCISP Certification Training

Our Message: The PCISP is NOT a justification for services.

What we hear: “So then why do we have to have an outcome for every service?”

Not all services require an outcome. For those services that do require an outcome – the outcome should still be relevant, meaningful and driven by the individual/family. The service should then compliment as a support to achieve that outcome.

When the system always wants you to work on something,



you start to wonder if you will ever be quite good enough.



Reflections from PCISP Certification Training

Our Message: The PCISP is NOT a justification for services.

What we hear: “So then where do we put the LOCSI information?”

LOCSI Instruction Handbook:

SOURCES OF INFORMATION: All sources of information used to make the determination should be indicated. If a written report was used, the source of the report must be indicated, and it should reflect the individual's current status. If source is not listed, please indicate "other" and explain.

LINKED DOCUMENTS: All documents used in completion of the LOCSI should be in the document library and linked to the LOCSI.

Person-centered planning
is a WASTE OF TIME ...



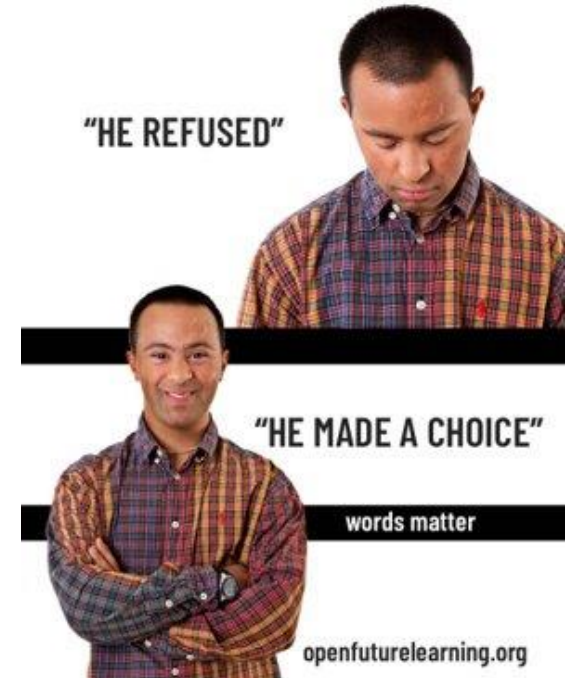
... if it's just a way to translate goals
into billable units.



Reflections from PCISP Certification Training

Our Message: The PCISP should use strength-based language throughout.

What we hear: “Then how can we use it to support a BMR, CIH application or Social Security application?”



Every document has its own purpose. The purpose of the PCISP is to be a roadmap for a person’s good life. It should present a clear picture of the individual’s vision for their good life as well as their current circumstances.

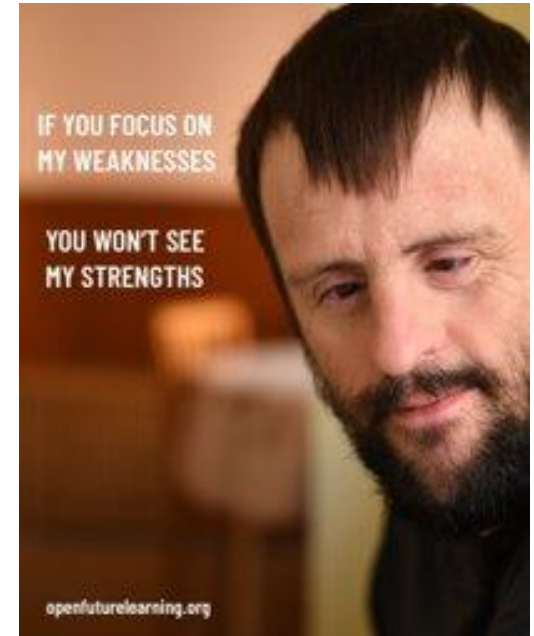


Reflections from PCISP Certification Training

Our Message: The PCISP should use strength-based language throughout.

What we hear: “Does that mean we don’t identify the challenges?”

Being strength based doesn’t mean ignoring or acknowledging the challenges. It means we don’t focus solely on the challenges. The way those challenges are communicated sets the tone of how staff interact the individual, how they see themselves and how the family perceives their capabilities. Words should encourage rather than discourage.





Reflections from PCISP Certification Training

Our Message: The PCISP should be person-centered.

What we hear: “Does that mean we have to write the PCISP in first person?”



There are no magic words. The PCISP should be written to represent the viewpoint of the person with a disability. The style and language should be consistent, be understandable to the person/family and be a clear reflection of that person’s life goals, preferences and aspirations.



Reflections from PCISP Certification Training

Our Message: The PCISP should be person-centered.

What we hear: “We can’t do that when the person is non-verbal”



EVERYONE COMMUNICATES – It is the **responsibility** of the team to learn how and what the person is communicating.



Reflections from PCISP Certification Training

Our Message: The PCISP should be person-centered.

What we hear: “Guardians don’t let me _____”



Teams should be modeling for guardians how to amplify a person’s voice, providing opportunities for discussion and exploration of the “why” and developing ideas/strategies that everyone feels comfortable with.



Reflections from PCISP Certification Training

Our Message: The PCISP should offer opportunities for integrated supports.

What we hear: “I can’t make them use integrated supports”



It isn't about “making” anyone use integrated supports. Everyone uses an array of supports. It is about building on what we already have and exploring additional opportunities. When a person is supported using only paid supports, we are not fully supporting them in achieving their best life.



Reflections from PCISP Certification Training

Our Message: The PCISP is a collaborative team process.

What we hear: “No one reads the PCISP”



While the PCISP is written by the case manager, the content should reflect discussions, decisions and input from all team members. Everyone has a role in the PCISP.

Meaningful Plans = Engaged Team Members



Reflections from PCISP Certification Training



Thinking of those messages we just discussed:

- What barriers currently exist that keep stakeholders/team members from being able to do these things?
- How do you support these messages?
- Do you have ideas on how we can further support stakeholders/team members in developing PCISPs that are strength based, person centered and offer opportunities for integrated supports?



COVID-19 Updates and Discussion

Kylee Hope, Director, Division of Disability and Rehabilitative Services
Cathy Robinson, Director, Bureau of Developmental Disabilities Services



COVID-19 Rapid Response Check-in

Case managers will check-in **monthly** with all individuals residing in provider owned or controlled settings and who require 24/7 support

Providers should work with case managers, individuals and families to develop plans for support when traditional staffing or day service options are not available.

Providers should communicate early and often with case managers, individuals and families when staffing and/or other typical support options are not available.



Provider Crisis Emergency Plans

Administration

Establish the essential functions of the agency and a plan for continuation

Maintain a list of leadership teams and back-ups

Establish a communication plan, which includes responsible entities, both internally and externally

Establish and implement a plan for contact tracing

Establish requirements/expectations

Mandatory symptom screening and temperature checks at all sites

Enforcement of mask wearing at all times by staff

Establish increased environmental cleaning protocols

Ensure all staff report suspected and/or confirmed COVID-19 cases to management

Ensure day program facilities maintain social distancing requirements

Provide guidance on different levels of PPE based on exposure risks

Individuals in Services

Establish emergency plans for quarantined or positive sites

Conduct risk assessments of individuals/sites to proactively establish higher risk protocols

Increased monitoring of temperatures and blood oxygen levels in all homes with suspected exposures or confirmed positive tests

Ensure all teams impacted by staff/individual exposure or confirmed cases are notified timely

Best Practices identified in Submitted Plans



COVID19 – Appendix K Update

**DEADLINE
*EXTENDED***

- Appendix K has been extended through February 28, 2021
- Flexibilities remain the same at this time
- Continuing to assess state and federal public health emergency for flexibilities moving forward



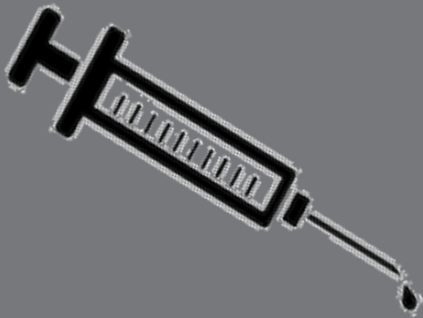
COVID Provider Focused Efforts

- PPE and Testing Distribution
- Provider Grants
- Workforce Support
- Vaccine Updates



Vaccine Update

- IDOH has announced
 - DSPs are eligible to receive the vaccination and provided a link for those staff to register.
 - If they provide direct in-person care (either medical or personal needs care) in any healthcare setting (in-patient, out-patient, in-home, congregate setting, etc.) then they are eligible.
 - If they are 100% remote, then they are not yet eligible.
 - If they provide other types of services such as employment, food services, etc. (i.e. not medical or personal needs care, then they are **not** eligible.)
 - Individuals 70 or older are now eligible.
 - To register, visit www.ourshot.in.gov





Vaccine Update

- For individuals eligible due to their age, DDRS is working with case managers and providers to ensure individuals are aware that they are eligible and assist with registration and/or attending their appointment.
- DDRS is working with IDOH to provide vaccine to individuals living in congregate settings, as they are at high risk.
 - We are working with providers around the state to equip them to administer vaccine and establish vaccine hubs
 - As the hubs are established, we will work with the provider network to get individuals scheduled for their vaccine



Electronic Visit Verification (EVV)

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
2020



21st Century Cures Act

- Requires providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered
 - Personal care services - January 1, 2021* (**NOW IN EFFECT**)
 - Home health services - January 1, 2023

***Good Faith Effort exemption delayed final implementation by one year.**



Overall Requirements

- EVV captures the following details:
 - **Type** of service performed
 - **Individual receiving** the service
 - **Date** of the service
 - **Location** of service delivery
 - **Individual providing** the service
 - **Time** the service begins and ends



Two Options for EVV Implementation

- The Indiana Health Coverage Programs (IHCP) uses the **Open Vendor Model**:
 - Sandata (State-sponsored EVV solution)
 - Alternative EVV solution (meeting the same requirements)



The IHCP allows providers to use any alternative EVV solution that satisfies the requirements from the 21st Century Cure Act.



January 1, 2021

EVV is now required for visits
(Claims continue to post and pay)



Don't wait until the last minute to prepare for EVV implementation!



EVV Resources



EVV Resources

The Electronic Visit Verification webpage - located under the Business Transactions tab

The screenshot displays the IN.gov website navigation menu. The 'BUSINESS & AGRICULTURE' tab is selected, and the 'Business Transactions' sub-tab is active. A dropdown menu is open under 'Business Transactions', listing various services. The 'Electronic Visit Verification' link is circled in black. The right side of the page shows the 'Electronic Visit Verification' heading and a brief description of the system.

MENU	IN.gov	BUSINESS & AGRICULTURE	RESIDENTS	GOVERNMENT	EDUCATION	TAXES & FINANCE	VISITING & P
	INDIANA MEDICAID <i>for Providers</i>	Provider Enrollment	Provider References	Provider Education	Business Transactions	Clinical Services	About IHCP Prog
Business Transactions							
IHCP Provider Healthcare Portal							
Eligibility verification							
Qualified Provider Presumptive Eligibility (PE)							
Electronic Visit Verification							
Electronic Data Interchange (EDI) Solutions							
Billing and Remittance							
Program Integrity							
Health Insurance Portability and Accountability Act (HIPAA)							
Indiana Medicaid Promoting Interoperability Program							








Electronic Visit Verification

The IHCP will implement an electronic visit verification (EVV) system for federally required provider documentation of designated personal care and home health services.

EVV Resources

The Electronic Visit Verification Training webpage - located under the Provider Education tab

The screenshot shows the IN.gov website navigation menu. The 'EDUCATION' tab is highlighted in green. Underneath, the 'Provider Education' sub-tab is highlighted in blue. A yellow oval highlights the 'Electronic Visit Verification Training' link in the dropdown menu.

MENU	IN.gov	BUSINESS & AGRICULTURE	RESIDENTS	GOVERNMENT	EDUCATION	TAXES & FINANCE	VISITING & PLAYING		
 INDIANA MEDICAID <i>for Providers</i>	 Provider Enrollment	 Provider References	 Provider Education	 Business Transactions	 Clinical Services	 About IHCP Programs			
Provider Education Opportunities <ul style="list-style-type: none">Provider Education Opportunities2020 IHCP RoadshowIHCP LiveProgram Integrity Provider Education TrainingProvider Healthcare Portal TrainingPE Qualified Provider TrainingElectronic Visit Verification TrainingWorkshop RegistrationHow to Access Virtual TrainingArchived Workshop Presentations				Electronic Visit Verification Training <p>Check this page for training opportunities around electronic visit verification (EVV) for personal care and home health services.</p>					



EVV Resources


EVV

Electronic Visit Verification Preparation

COMPLIANCE DATE: January 1, 2021

Failure to comply with this requirement will result in claims payment disruption.

What is EVV?



The 21st Century Cures Act directs state Medicaid programs to require providers of personal care services to use an "electronic visit verification" system to document services rendered. Federal law requires that providers use the EVV system to document the following information:

- » Date of service
- » Location of service
- » Individual providing service
- » Type of service
- » Individual receiving service
- » Time the service begins and ends

Providers may choose between two technology options to use for Electronic Visit Verification:

Sandata (State-Sponsored EVV Solution)	This is available to all personal care service providers at no cost to the provider. This solution meets the federal requirements but does not provide additional functionality.
Alternative EVV Solution	Providers may also use any other vendor that has integrated in Indiana with the Sandata solution. Alternative vendors may provide additional functionality to providers.

Available resources

[Electronic Visit Verification](#); This webpage provides all of the latest IHCP policy guidance on EVV implementation as well as helpful information for both Sandata and alternative EVV vendor users.

[Electronic Visit Verification Training](#); This webpage contains all of the educational reference material for Sandata users.

How to prepare for implementation

For providers using Sandata (State-Sponsored EVV Solution)

Step 1: Complete the Sandata training
 Providers can complete this training using two methods currently:
 » Self-paced online training
 » Instructor-led webinar training session
 For instructions on accessing the self-paced training (or to sign up for an instructor-led webinar training session), go to the [EVV Training Registration Quick Reference Guide](#).

Step 2: Receive your login credentials
 Once providers have completed the training, they will need to email their certificate of completion to INXXEVV@dxc.com to receive their agency's Sandata login credentials.

Step 3: Enter your employee and client information
 Each employee will have his or her own login information for the Sandata system. The agency will want to create logins for each employee as well as insert information about the agency's clients receiving personal care services.

Step 4: Provide employees with appropriate devices
 If the agency is planning to use mobile visit verification using Sandata Mobile Connect, it will want to ensure its employees have access to a smart device. Providers can use either Android or Apple devices. Otherwise, employees should be trained to use telephonic visit verification.

Step 5: Prepare your direct care workers
 The agency will want to ensure that their direct care workers have had individual training on capturing visits either through the Sandata Mobile Connect application or through telephonic visit verification.

For providers using an alternative EVV vendor

Step 1: Send an email to EVV@fssa.in.gov
 The agency will want to include the agency's name and contact information along with the alternative vendor's name and contact information. This will allow FSSA to determine if the vendor has previously integrated with Sandata in Indiana. If the vendor has not previously integrated, it will be required to pay a one-time fee.


Step 2: Request testing credentials from INAIteVV@sandata.com
 Once Sandata has informed the alternative vendor that they are ready to begin testing, the provider agency should request testing credentials for the vendor. These credentials should be provided to the vendor.

Step 3: Work with the vendor to complete the testing process
 With the testing credentials, the vendor will prepare a test file that will be submitted to Sandata for approval. The provider agency will need to stay in contact with the vendor during this process. Be sure to have the vendor submit a notification to INAIteVV@sandata.com or 855-705-2407 once the test files have been submitted to Sandata for review.

Step 4: Complete the self-paced training
 While the vendor is testing, the provider agency should complete a brief training on the usage and functionality of the Sandata Aggregator.

Step 5: Request production credentials
 With training complete, and once testing has been confirmed, provider agencies will request production credentials that will be used to log into the Sandata Aggregator.

Contact us by phone at **800-457-4584, option 5** or by email at evv@fssa.in.gov



Office of Medicaid Policy & Planning

Family & Social Services Administration
Office of Medicaid Policy & Planning
402 W. Washington St., Room W374
Indianapolis, IN 46204

EVV Implementation Guide

- Provides key requirements
- Provides step by step guide for implementation
- Provides contact information for questions or issues

AVAILABLE ON THE INDIANA
MEDICAID EVV WEBPAGE



IHCP Live - EVV Townhalls

- Webinar sessions to ask questions about EVV and to hear about overall provider performance:
 - February 11, 2021: 11 AM
 - March 11, 2021: 12 PM
 - April 15, 2021: 11 AM



Questions?

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning





DDRS Advisory Council Next Meeting

- Next Meeting:
 - Wednesday, February 17
 - 10 am – Noon
 - Location: Zoom
 - Launching Ambassador Lite Series