



BDDS Provider & Case Manager Monthly Webinar

March 8, 2023

Agenda

- HCBS Settings Rule Update
- PHE Ending Updates
- EVV Compliance Updates
- Waiver Transition Update
- CARF Accreditation Update
- Incident Reporting – Did You Know?
- Risk Assessment/Planning
- Train-the-Trainer 2023 Dates





HCBS Settings Rule Overview

- The setting is **integrated in and supports full access** of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is **selected by the individual from among setting options**, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- Ensures an **individual's rights** of privacy, dignity and respect, and freedom from coercion and restraint.
- **Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices**, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates **individual choice** regarding services and supports, and who provides them.



Additional Requirements: Provider Owned or Controlled Settings (POCOS)

- (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a **legally enforceable agreement** by the individual receiving services, and the individual has, at a minimum, the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law of the state, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law;
- (B) Each **individual has privacy** in their sleeping or living unit:
- (1) Units have entrance doors **lockable by the individual**, with only appropriate staff having keys to doors;
 - (2) Individuals sharing units have a **choice of roommates** in that setting; and
 - (3) Individuals have the **freedom to furnish and decorate** their sleeping or living units within the lease or other agreement.
- (C) Individuals have the **freedom and support to control their own schedules and activities**, and **have access to food at any time**;
- (D) Individuals are able to **have visitors of their choosing at any time**;
- (E) The setting is **physically accessible to the individual**; and
- (F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, **must be supported by a specific assessed need and justified in the person-centered service plan** (there are specific regulatory requirements of exactly what must be documented to reflect the specific assessed need and justification for such modifications).



Additional Requirements: Provider Owned or Controlled Settings (POCOS)

For the purposes of complying with these requirements, Indiana defines provider owned or controlled settings to include:

- Residential settings that are owned by a provider; or
- Residential settings in which individuals, who are not living in their family home, utilize:

Residential Habilitation and Support – Level Two (RH20);

Residential Habilitation and Support - Daily (RHS Daily - RD); or

Structured Family Caregiving



Public Health Emergency Ending Vital Information

- The Federal PHE is expected to end **May 11, 2023**
- BDDS will be rolling back flexibilities allowed during the PHE
- Some flexibilities will end on May 11th, 2023, others 6 months later, November 11, 2023



Public Health Emergency Ending Vital Information

As of the end date of the PHE:

- ICF/IDD will no longer be reimbursed for services rendered to an unlicensed facility;
- HCBS Providers will no longer be able to provide services in non-HCBS settings (ICF/IDD); and
- PAS requirements that PASRR process be complete prior to admission into a nursing facility will resume. PASRR Level II screen will no longer be allowed to be delayed up to 30 days after admission.

Public Health Emergency Ending Vital Information



Certain flexibilities approved through Appendix K will remain until November 11, 2023 (see Appendix K and FAQ for details):

- Expanded language in family paid caregiver in re-defined circumstances;
- Expanded language waiver waiving the 40-hour limitation on family members when existing services are interrupted due to circumstances related to COVID;
- Expanded language for RHS reimbursement for overnight staff/paid caregiver;
- Allow RHS reimbursement for time when staff/paid caregiver is asleep;
- Expanded language for SFC allowances;
- Modify SFC visits to require at least one face to face visit;
- Allow flexibilities in day service ratios;

Public Health Emergency Ending Vital Information



Continued:

- In unique and rare situations, the home of a DSP familiar to the individual may be used as a temporary/alternate waiver residential setting for a participant when the participant's primary caregiver has been diagnosed with or quarantined due to COVID-19;
- If a 90-day BMR has been requested previously, additional BMRs may be requested for a period of up to 60 days;
- Temporarily allow BMRs to be filed within 60 calendar days of the event or status change; and
- Temporary waiver of the requirement for a Confirmation of Diagnosis to complete Level of Care for re-entries to waiver services.

Public Health Emergency Ending Vital Information for Case Managers



With the end of the PHE, Case Managers will begin rollback of flexibilities and end them no later than November 11, 2023:

- Completing the Level of Care Screening Instrument (LOCSI) over the phone or virtually;
- Documenting choice of service providers electronically or by signing on behalf of another; and
- Documenting Freedom of Choice or agreement with the PCISP on the BDDS Signature page electronically or by signing on behalf of another.



Public Health Emergency Ending Vital Information for Individuals

- Medicaid continuous coverage protections are ending;
- Encourage individuals/guardians to go to fssabenefits.in.gov or call 1-800-403-0864 to make sure their information is correct; and
- Let individuals/guardians know to watch their mail and respond to any requests for information or documents they receive from FSSA.



EVV Compliance

- Federal law requires personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered.
- The Indiana Health Coverage Programs (IHCP) announced in IHCP Bulletin BT202248 that the IHCP would begin denying claims for personal care services that are not EVV compliant beginning with dates of services on or after Jan. 1, 2023.
- The IHCP has decided to postpone this final enforcement date for personal care services until later in 2023. However, personal care services providers that are found to be out of compliance with the EVV requirement will begin seeing select claims recouped beginning with services provided in January 2023.



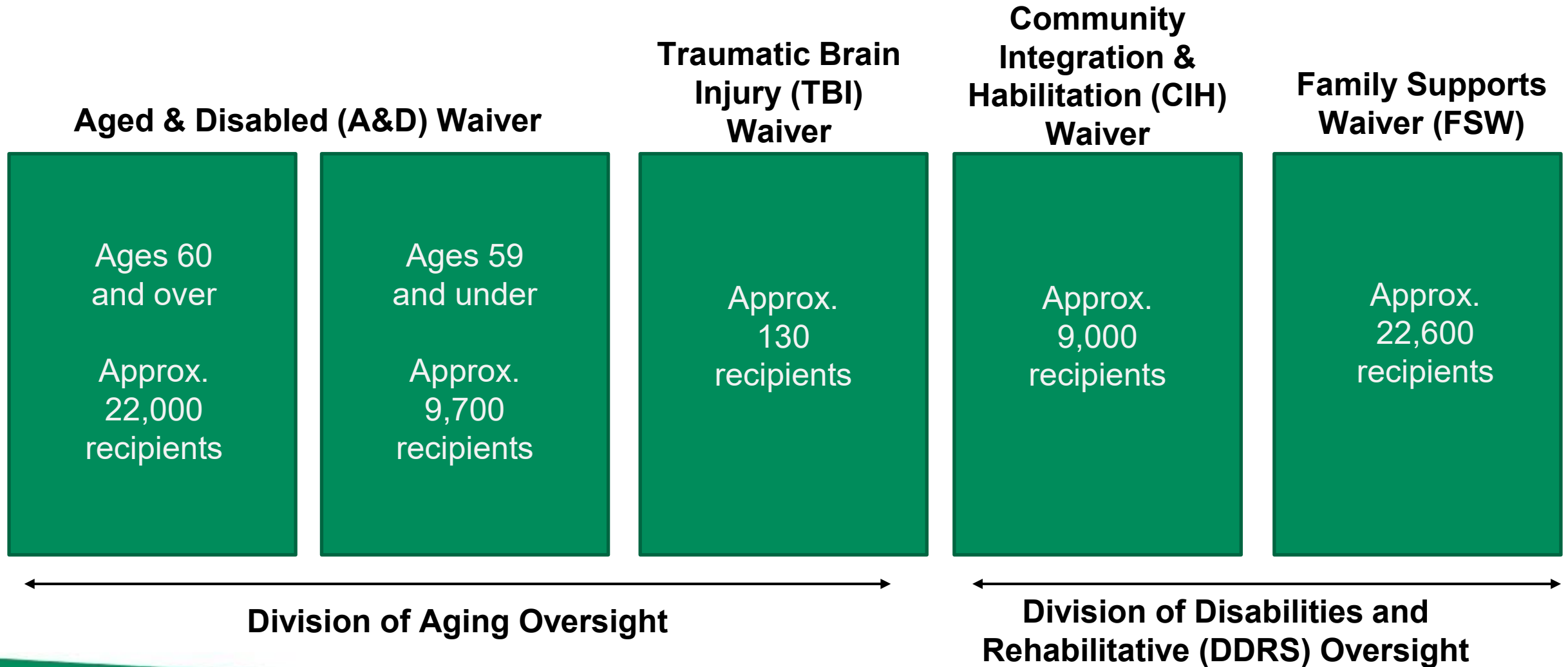
EVV Compliance Resources

[Electronic Visit Verification Training](#)

Virginia Hudson at inxivevv@gainwelltechnologies.com

FSSA at evv@fssa.in.gov

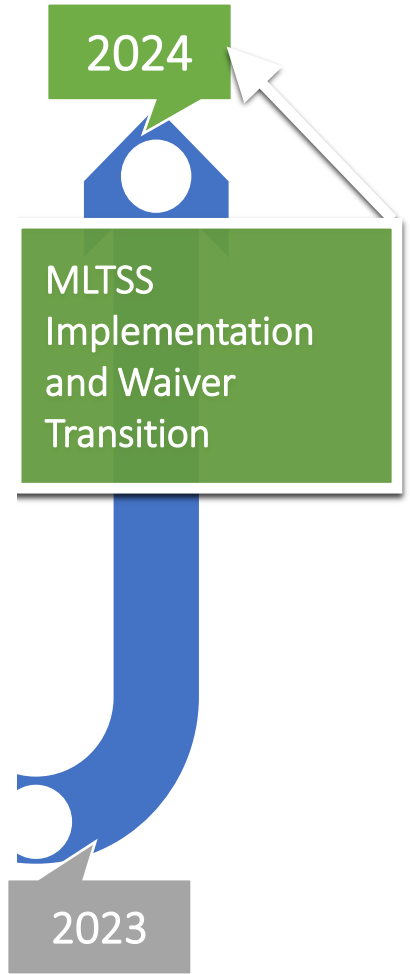
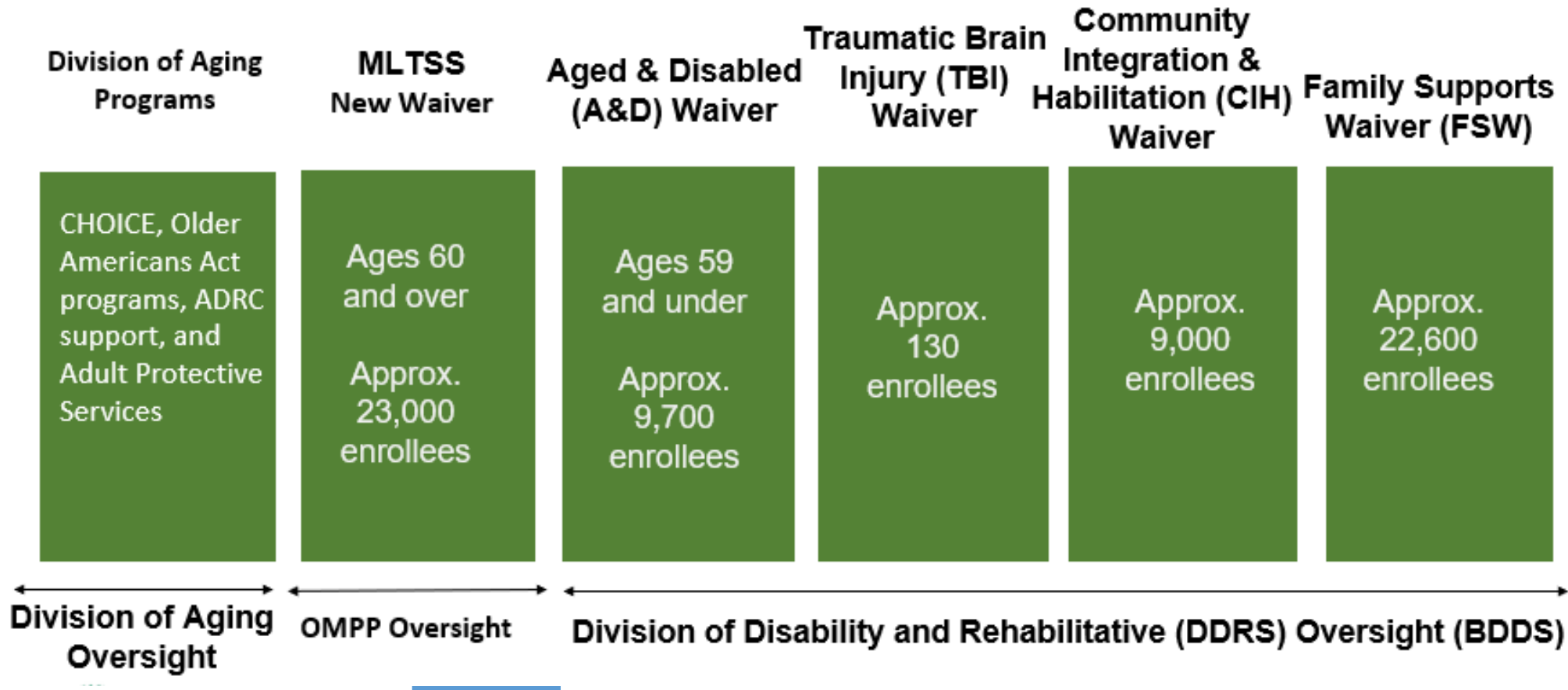
Current FSSA HCBS Waivers*



*Excluding DMHA waivers

Indiana's Path To Transformation

Future FSSA HCBS Programs* (Waiver Transition)





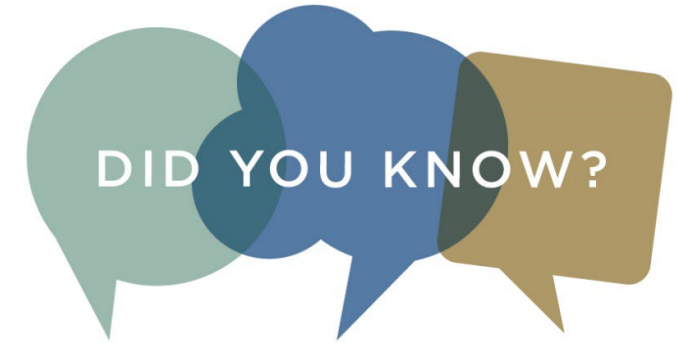
CARF Accreditation



A reminder that Day Habilitation replaced Community Hab and Facility Hab in July 2020. Providers **MUST** ensure to include this in the CARF survey application. CARF requires Day Hab to be surveyed under Community Integration (COI).

Providers who do not obtain the correct accreditation will be subject to a resurvey by CARF.

Incident Reporting



Incidents to be reported to BDDS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual.

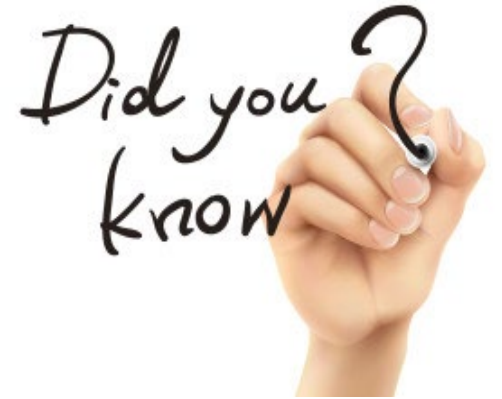
Falls

- **Reportable:** any fall that results in injury, regardless of the severity of the injury.
 - Scrapes, scratches, bumps, swelling, etc.
- **Non-reportable:** a fall that does not result in injury or results in only redness, discomfort/pain.

BDDS resource materials, including fall assessment forms are available at:
<https://www.in.gov/fssa/ddrs/quality-improvement/bqis-resource-materials/>



Risk Assessment and Planning



Risk plans may be a rights restriction.

- A risk plan should only be used if other measures have been attempted and documented as ineffective.
- A risk plan should be reviewed frequently and eliminated if possible.
- A risk plan should not be implemented solely because it is the policy of the provider.



Train-the-Trainer Core A/B Medication Administration Training Sessions

The Bureau of Developmental Disabilities Services will host 4 Train-the-Trainer Core A/B Medication Administration training sessions in 2023. The training sessions will be held virtually until further notice and are for agency nurses who work for approved BDDS providers. Attendees must register for the training, as there is a limit for each session.

- March 17, 2023 - 10 a.m. - 4 p.m. EDT
- June 16, 2023 - 10 a.m. - 4 p.m. EDT
- Sept. 15, 2023 - 10 a.m. - 4 p.m. EDT
- Dec. 8, 2023 - 10 a.m. - 4 p.m. EST

