



BDS Provider, Care & Case Manager Monthly Webinar

August 22, 2024



Webinar Agenda

- IPP Project Guest Speaker:
Ben Richter, Night Owl Support Systems
- Provider Updates for all HCBS Waiver Providers
- Provider Updates for HW/TBI Waiver Providers
- Provider Updates for CIH/FSW Waiver Providers
- Future Webinar Topics Invitation




Innovation Pilot Projects

Guest Speaker: Ben Richter, Night Owl Support Systems



NOSS



IPP Provider Opportunities

Ben Richter, Director of Special Projects



ERST

Enhancing Remote
Support Technology



PURPOSE & GOAL

Expand service capacity of Remote Supports

Address greater breadth of need among Hoosiers with Disabilities

Determine feasibility of integrating new technology into Remote Supports

OUTCOME MEASURES

Initial IPP Tech Wishlist Survey

Accumulated Information from Internal Research and Development

Follow-Up Surveys with Device/Tech Users



PROJECT DETAILS

Investigate new devices/technologies to determine if they would benefit Hoosiers with disabilities as part of Remote Supports:

Evaluate Efficacy of Devices

Test Devices Internally and Externally

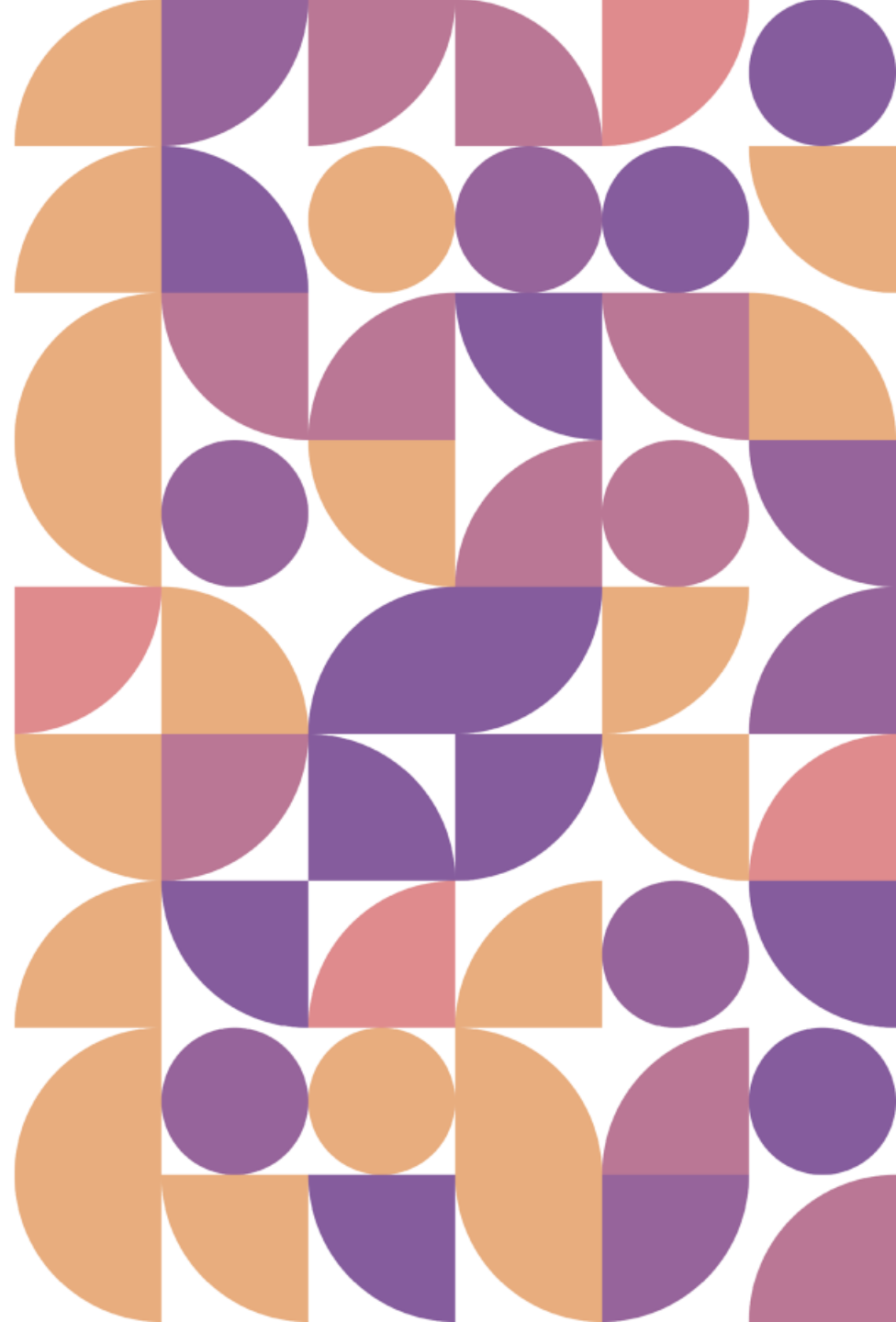
Implement New Technology with Hoosiers

Gather Feedback from Hoosiers with Disabilities about Impact of Devices/Technology



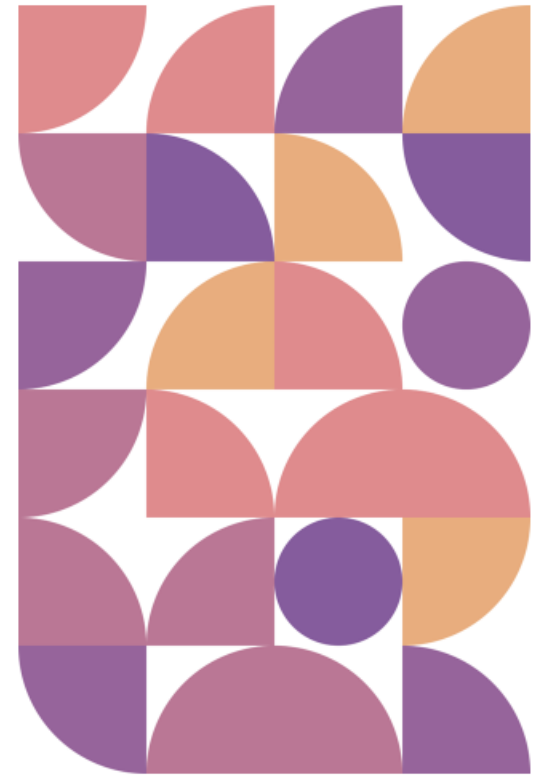
CRSE

**Remote Supports
E-Learning Curriculum**



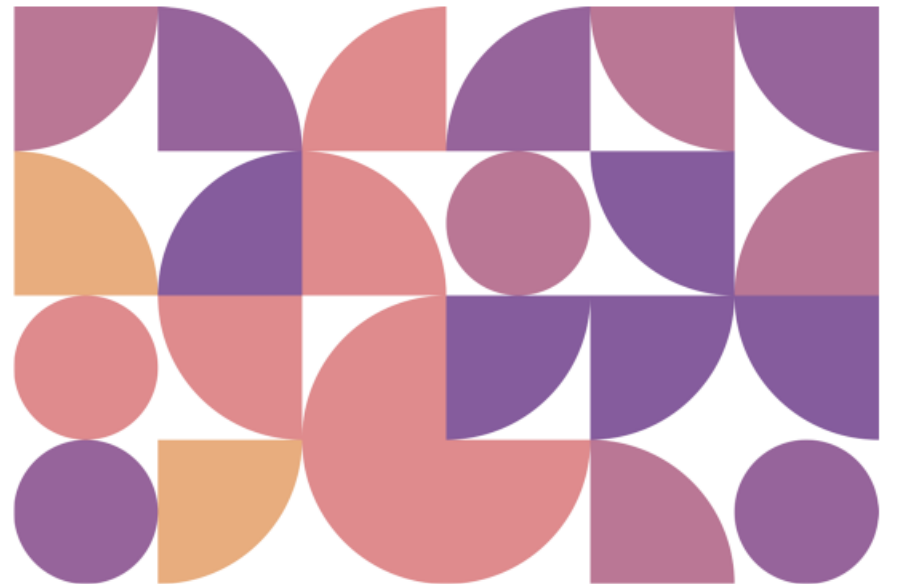
Project Overview

- Provider-Agnostic
- IN-Specific
- Fundamentals
- Success Stories
- Implementation Guidance



Project Overview, cont.

- Lightweight Learning
- Practical Procedures
- Approachable
- Website



CRSE Purpose

- Educate Stakeholders about Benefits of Remote Supports
- Increase Remote Supports Utilization Among CIH and FS Waiver Participants





1



Introduction to Remote Supports

General

2



Who Can Benefit from Remote Supports

General

3



Roles and Responsibilities (CM)

General

4



Screening People You Support for Remote Supports (CM)

General



Talking with the Team (CM)



Introduction to Remote Supports

← Back to Course Overview

Course Modules

- ✓ Learner Demographics
- ✓ Pre-Course Survey
- ✓ A Message from Cathy Robinson
- 🔒 What are Remote Supports?
- 🔒 History of Remote Supports
- 🔒 Why Use Remote Supports?
- 🔒 **Key Components of Remote S...**

Understanding Fundamentals

- ✓ Understanding Fundamentals

The Individual

- ✓ **The Individual**

Remote Supports Plan/Protocols

- Remote Support Plans/Proto...

Remote Support Professionals (RSPs)

- Remote Support Professiona...

The Technology

- The Technology


Key Components of Remote Supports

Module 7 of 9

Next Module

Full Screen

22% Key Components of Remote Suppo... The Individual



✓ **The Individual**

Remote Supports starts with a conversation about the individual. Many think that arranging Remote Supports or having those discussions with individuals requires an extensive knowledge of the technology, but that's not true. What is most important is knowledge about the individual. Their likes, dislikes, preferences, routines, goals, and challenges all inform the service.

This knowledge is the bedrock upon which Remote Supports operate and will prove central to the design and implementation a service that truly works for that person.

What's more, the individual needs to consent to participate in Remote Supports, just like any other service. In taking this course, you are getting equipped to provide the people you serve the information they need to make an informed decision about what types of supports they want to utilize.

To Get
Involved
Reach Out To

info@nosslc.com

ben@nosslc.com

www.crse.org

admin@crse.org



For Additional IPP Project Updates

- ❑ Visit our IPP Webpage for additional information! [IPP Webpage](#)
- ❑ Follow BDS on Facebook! [BDS Facebook](#)
- ❑ Subscribe here for DDRS Updates! [DDRS Updates](#)
- ❑ Email bds.help@fssa.in.gov if you have any questions or thoughts!



Provider Updates: All Providers



Individual Rights

It is the policy of the Bureau of Disabilities Services that an individual's rights shall not be violated.

- A provider shall adopt policies and procedures that prohibit Abuse, Neglect and Exploitation and violation of an individual's rights.
- This includes ensuring that the individual has a right to do the same things in the community as everyone else, have a job, be in charge of their belongings, their schedule, their visitors, and how they receive services.



Aspiration Risk Plans

Any individual at risk for the following should be evaluated for the need to have an aspiration risk plan:

- Anyone with difficulty swallowing (dysphagia)
- Anyone who is at risk of choking
- Anyone with a vocal cord abnormality
- Anyone who coughs frequently while eating or drinking
- Anyone with gastroesophageal reflux disease (GERD)

There are several facts sheets and resources on the DDRS website:
[FactSheets](#) and [Resources](#)



Provider Updates: H/W and TBI Providers



Training Available for Health & Wellness and TBI Waiver Providers

BDS has prepared a training on Structured Family Caregiving specifically for Health & Wellness (HW) and Traumatic Brain Injury (TBI) Waiver Providers.

The presentation can be found here:

https://youtu.be/-_oeuLILpcc?si=lcCDbK-Ire3WDUP3

The PowerPoint is available here:

[Providing Structured Family Caregiving through the Health & Wellness and Traumatic Brain Injury waivers](#)

H&W and TBI Waiver Incident Reporting

- Significant medical events, including changes in medical condition, are not-reportable regardless of what the medical event is or where the treatment is provided, i.e., hospital admission for pneumonia, diabetes, or high blood pressure. If the event could be indicative of neglect or abuse, then it becomes reportable under ANE.
- Injuries of unknown origin and significant injuries, however, are always reportable.





Provider Updates: CIH and FSW Providers

Individual Service Plan Requirements for FSW/CIH

- Authorized Service Plan hours for RHS/RD must be distributed across the plan year. This means that these hours should not be front-loaded.
- If the IST believes additional hours are needed, please follow the appropriate process to request.





Direct Support Professionals Training Requirements

- Per 460 IAC 6-14-4 and 6-18-6 a provider shall train direct-care staff in management of individual-specific treatments and interventions prior to working with an individual.
- This includes the requirement that all providers working with an individual shall implement the BSP designed by the individual's behavioral support services provider.



Providers Adding Services on the CIH/FSW Waivers

When adding the following services to your list of offered services on the CIH or FSW Waivers, it is required to add all service levels:

- a. Residential Habilitation Services (RHS): Levels 1 and 2
- b. RHS Daily: Levels 1-9
- c. Structured Family Caregiving: Levels 1-3
- d. Wellness Coordination: Tiers 1-3



BUDGET REQUEST INFORMATION for CIH and FSW Waivers

Required Short-Term Budget Request (STBR) Submission Info

Complete Prior to STBR Submission (regardless of CM or provider-initiated)

Case managers should double check all information is included, correct and complete before it is submitted

- Team meeting: once an STBR need is identified, a team meeting/discussion (virtual/phone is ok) must occur within 45 days of the status change and prior to the STBR submission.
- Comprehensive case note:
 - Must be specific to each request. Do not indicate 'team has agreed to ongoing STBRs' – that is not the intent of STBRs.



Additional Required STBR Submission Info

At a minimum, the following must be documented: the date of team meeting, who was in attendance, individual or legal guardian consent & if any IST member disagreed with the request.

- The case manager obtaining consent from the individual/legal guardian is not a team discussion.



Supporting Documentation

STBR Submission Info

Supporting documentation

- Please review the [BP2 User Guide](#) for more information.
- All included documents must be current, signed, dated appropriately and include the entire document.
- If it's not documented, it did not happen.

* If the individual/legal guardian does not agree with the request, it will be denied.



Timeframe for STBR Submission

Proactively identifying the need for an STBR is crucial.

The STBR must be submitted to BDS Central Office – NOT simply submitted in the BDS Portal – on or before the 45th day from the date of the status change. Teams **MUST** be proactive in discussing the need for an STBR and not waiting to submit an STBR.

Examples:

- Provider submits the STBR in the Portal on Day 35, and CMO does not submit the STBR to BDS Central Office until Day 46, it is late.
- Provider submits an STBR in the Portal on Day 47, it is late.
- CMO submits an STBR in the Portal on Day 30, CM Supervisor reviews on Day 33 and it is submitted to BDS Central Office on Day 39, it is not late.
- Provider submits the STBR in the Portal on Day 44. This does not provide the CM/CM Supervisor adequate time to review and/or RFI it back to the provider (if needed).

Again, if an STBR is submitted to BDS Central after 45 days, and a reason is not provided in the “Comments” section, it will be denied. Appeal rights are included with all denial notifications/letters.



Timeframe for STBR Submission (cont'd)

When an STBR is submitted late to Central Office, the reason **MUST** be noted in the 'Comments' section. Including the reason for untimely submission does not guarantee the request will be approved.*

Examples *might* include:

- A JIRA ticket had to be submitted to address a BDS Portal system issue, preventing timely submission.
- The STBR is a resubmission due to an STBR denial appeal.
- Provider/CMO did not respond to RFI in a timely manner.
- Two pending STBRs preventing timely submission.

If an STBR is submitted to BDS Central Office after 45 days and a reason is not provided in the 'Comments' section, this is not a reason for an RFI and the STBR will be denied.





Requests for More Information (RFIs)

RFIs should not be necessary. RFIs clog the Portal and prevent timely review/action on STBRs/LTBRs. The STBR/LTBR questions should be thoroughly responded to, and the supplemental documentation should provide sufficient info to support the budget request.

Case managers and providers are responsible for reviewing the Portal on a regular basis to ensure RFIs are responded to in a timely manner.

The CM/CM Supervisor must ensure all information is accurate, relevant and supported by the documentation **PRIOR** to submission to BDS Central Office.

BDS Central Office will only RFI two times. If the information is not provided or clarified following the 2nd RFI, the request will be denied. Appeal rights are included with all denial notifications/letters.



- Requests for more than 1:1 staffing is a modification as outlined by the Home and Community-Based Waiver Services. Please reference “[A Focus On Modifications Under the HCBS Settings Rule](#)” training.
- Therefore, additional questions must be answered prior to submitting the STBR/LTBR to BDS Central Office. These questions will be reviewed on the next slide. These questions are not currently in the BDS Portal. They will be added in a future update, however, must be thoroughly addressed in the submission.

STBR/LTBR Required Questions for Modifications



1. What is the specific and individualized need?
2. Has the team reviewed the PCISP services to determine where the increase is needed. What service(s) will be increased?
How many units/hours per month are being requested? Can the provider staff the requested units/hours?
If individual requires 2:1 staffing during sleeping hours, provide a detailed explanation
2. Thoroughly describe the condition(s) and/or issue(s) that are directly proportionate to the specific assessed need.
3. Describe the positive support(s)/intervention(s) used prior to any modifications.
4. Describe less intrusive methods of meeting the individual's need(s) that were tried but did not work.
5. Please give detailed established timeframes in which the IST will review if the modification is still necessary or can cease.
How is the need for the modification being determined? Describe in detail.
6. Describe what data is being reviewed and how often to determine the effectiveness of the modification.
7. Is informed consent of the individual included? If individual has a legal guardian, is his/her informed consent included? If not, please explain. (An individual who does not communicate with words still communicates.)
8. Include assurance that the interventions/supports will not cause any harm to the individual.
9. Include documentation of Human Rights Committee (HRC) authorization.



Additional STBR Guidelines

- A provider emailing the CM requesting a budget request is not the end of the process. A team meeting must occur within 45-days of the status change, and this must be properly documented via a case note.
- For STBRs, if an individual has a remaining allocation and the allocation can cover the full cost of an STBR, an STBR is unnecessary. The CM should do a PCISP update – again, being proactive is important.
- STBR responses should not be copied and pasted from one STBR to another. Also, the STBR responses should not be the same for each question.
- Authorized providers on the PCISP can view the status of STBRs/LTBRs in the BDS Portal.
- BDS is not responsible for ensuring the hours/units are correctly calculated in the request. If it is not clear upon submission, BDS will return via an RFI further delaying the review.
 - The information should be clearly displayed and STBR requests should take into consideration alone time, if the individual works, PA hours and/or other services like DHI, DHGS, etc., to equal the amount of hours in the month.
- Has the IST reviewed the PCISP services to determine if there are unused services where the funds can be utilized for the requested service?

Additional STBR Guidelines (Cont'd)

- BDS is not responsible for ensuring the hours/units are correctly calculated in the request. If it is not clear upon submission, BDS will return via an RFI further delaying the review.
 - The information should be clearly displayed and STBR requests should take into consideration alone time, if the individual works, PA hours and/or other services like DHI, DHGS, etc., to equal the amount of hours in the month.
- Has the IST reviewed the PCISP services to determine if there are unused services where the funds can be utilized for the requested service?



For STBRs and LTBRs: Remember

- Medicaid is the payer of last resort. Other options must be pursued first: natural supports, Medicaid PA, other services (i.e., remote supports), competitive employment, volunteer opportunities, housemates, residential changes, etc. *Relevant documentation (i.e., Medicaid PA denial) must be included with the request.*
- STBRs are not intended to continue indefinitely. *If the IST cannot provide support that it is actively trying to reduce/minimize the use of STBRs, subsequent requests after six months may be denied.*
- A previously approved LTBR does not mean that subsequent LTBRs will be approved.



STBR Denial Appeals

If a provider appeals an STBR, the following should be included:

- Notice to appeal (letter)
- STBR denial letter*
- Any relevant documentation

* If a provider appeals when an STBR was not submitted or it is auto-closed due to inaction, the provider must include the SA/NOA with their notice to appeal/letter and documentation.



Required Long-Term Budget Request (LTBR) Submission Info

Complete Prior to LTBR Submission in Portal (regardless of CM or provider-initiated). Case managers should double check all information is included, correct, and complete before it is submitted:

- Team meeting: once an LTBR need is identified, a team meeting (virtual/phone is ok) must occur in a timely manner (ideally, within a week of the identified need).
- Comprehensive case note:
 - At a minimum, the following must be documented: the date of team meeting, who was in attendance, individual or legal guardian consent & if any IST member disagreed with the request.
 - The case manager obtaining consent from the individual/legal guardian is not a team discussion.



Required Long-Term Budget Request (LTBR) Submission Info (cont'd)

Supporting documentation:

- Please review the [BP2 User Guide](#) for more information
- All included documents must be current, signed, dated appropriately and include the entire document.
- If it's not documented, it did not happen.
- If the individual/legal guardian does not agree with the request, it will be denied.



Future Provider Webinar Topic Ideas?



The BDS Provider Webinar primarily offers an opportunity for BDS to share current news, updates, and to offer brief training opportunities. We want to hear your ideas about additional webinar topics that would be helpful to you across the H&W, TBI, CIH, or FSW waivers. This webinar is a monthly opportunity to discuss updates and issues impacting Indiana's HCBS Waiver providers and other providers of services administered by DDRS.

Share your topic ideas at:
BDSProviderServices@fssa.in.gov

