



# **BDDS Provider & Case Manager Monthly Webinar**

**January 5, 2022**

# Welcome & Agenda

- COVID Update
- Appendix K
- Waiver Amendment Approval
- Case Management Innovation Update
- SGL Rate Increase
- OBRA Day Service Sustainability Grant
- National Core Indicators (NCI)
- Provider Emergency Plans
- Upcoming Trainings



# Appendix K & The Public Health Emergency



- Flexibilities will continue 6 months after the end of the federal public health emergency
- Appendix K flexibilities are to be used for COVID related circumstances
- Supporting school-age youth and young adults and additional considerations



## Total Number of BDDS COVID Positive Cases

Data as of 1/3/2022

Total Cases: 4773

Total COVID-Related Deaths: 102

**CIH: 1961**

**FSW: 1752**

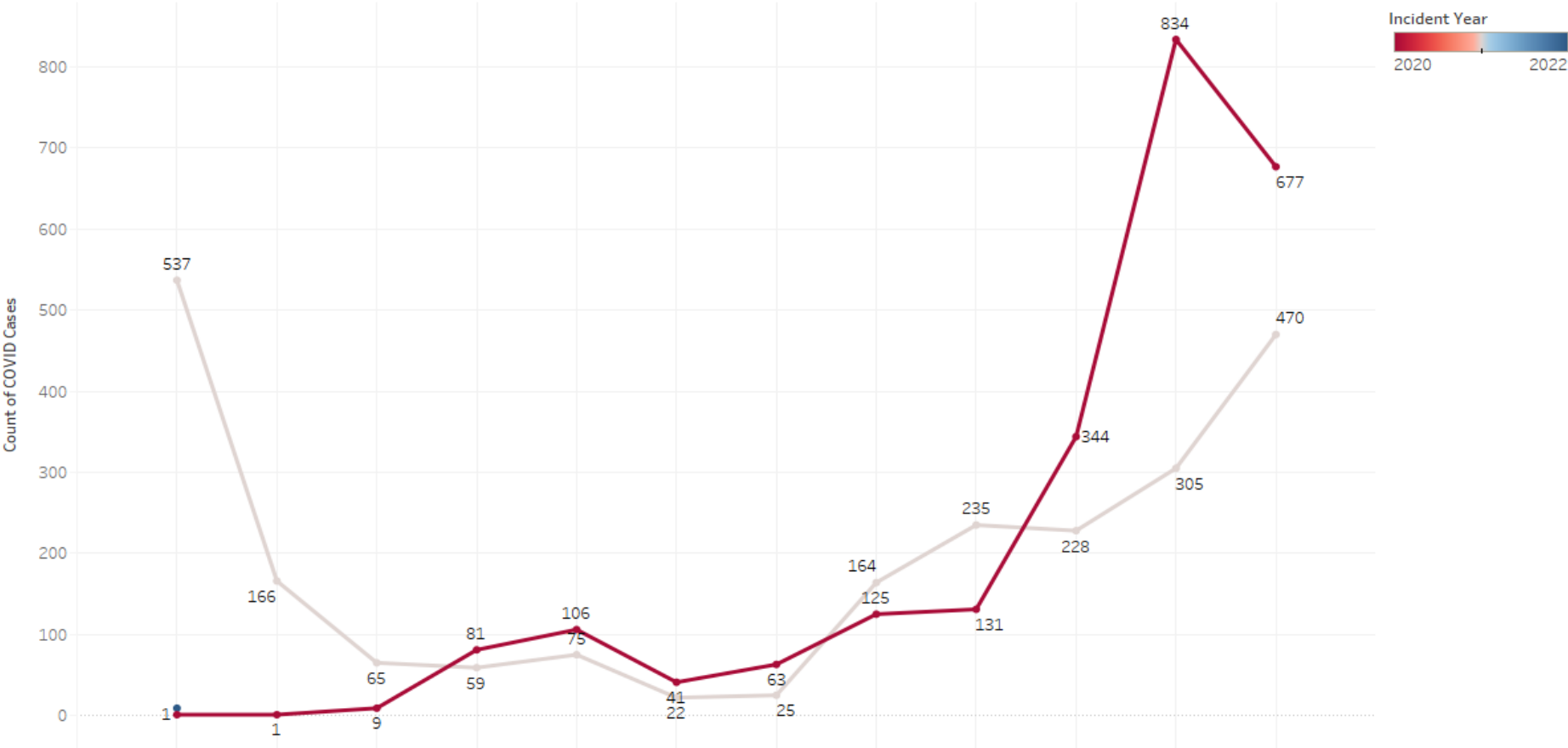
**SGL: 1060**

# Individual COVID Positive Cases by Month



Individual COVID Cases by Month

Last Updated: 1/3/2022 11:13:59 AM



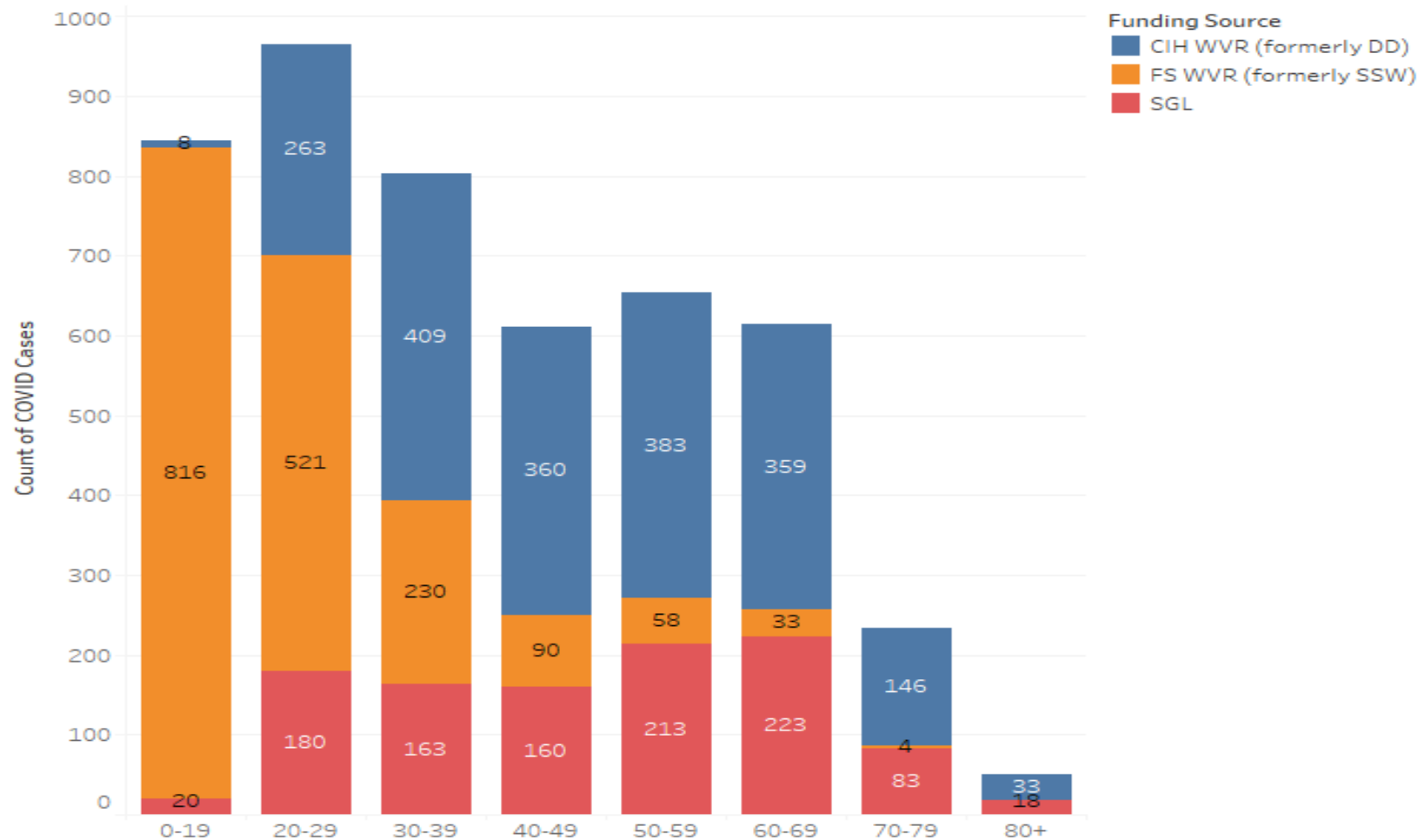
Data as of 1/3/2022



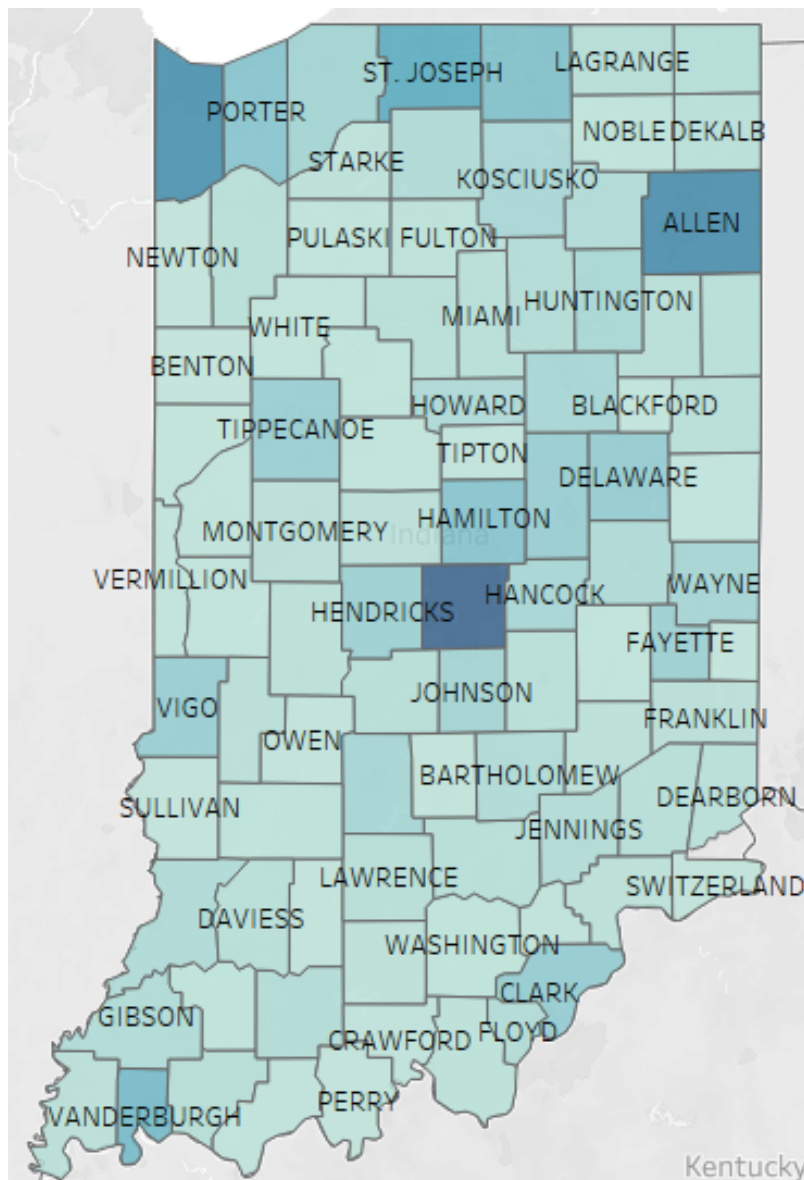
# Age Among Unique COVID Positive Cases

## Individual COVID Cases by Age and Funding Type

Last Updated: 1/3/2022 11:13:59 AM



Data as of 1/3/2022



# COVID Positive Cases by County

Total COVID-related deaths = 102



# Total Number Staff COVID Positive Cases

Data as of 1/3/2022

Total Cases: 2953

Total COVID-Related Deaths: 9

**Waiver: 2056**

**SGL: 897**

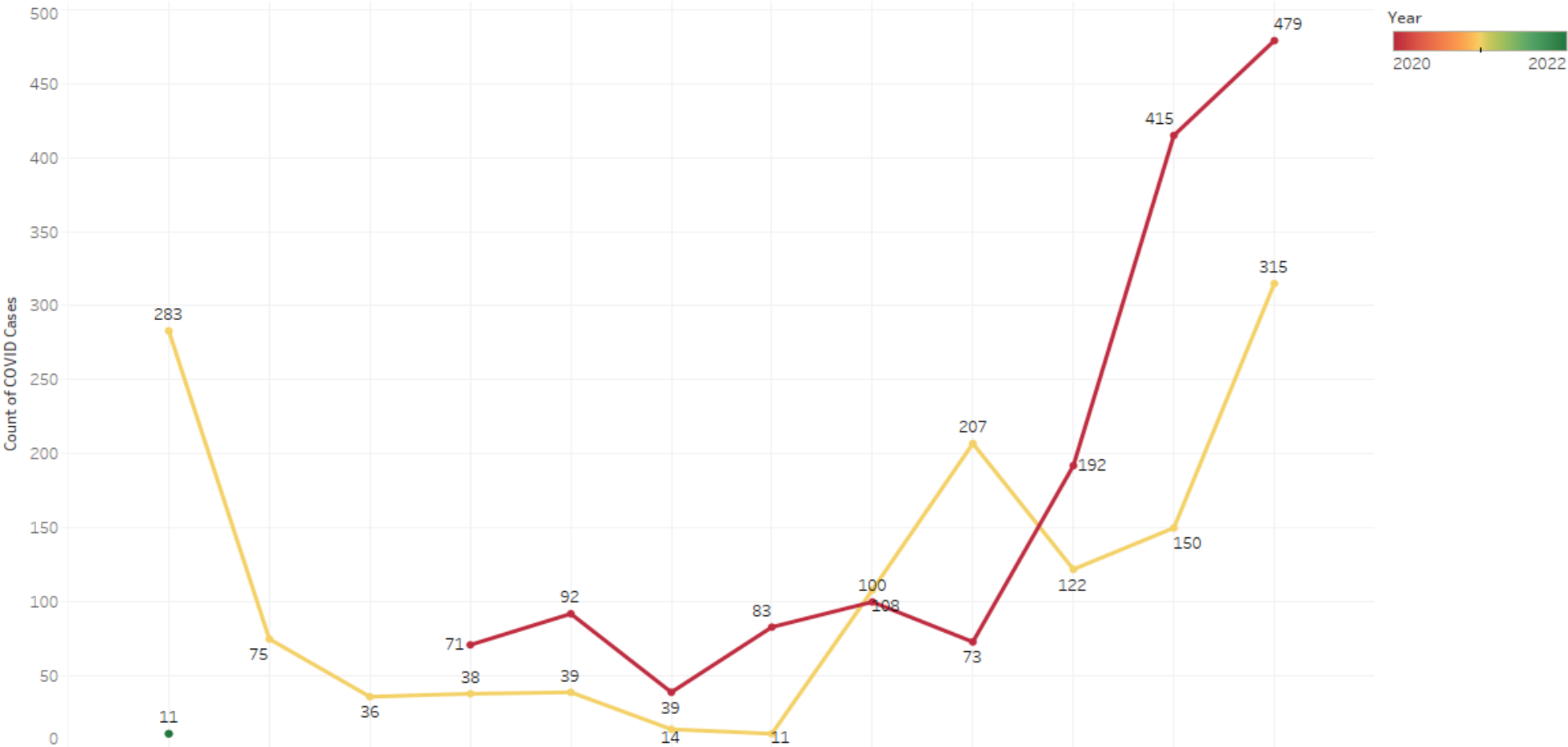


# Staff COVID Positive Cases by Month

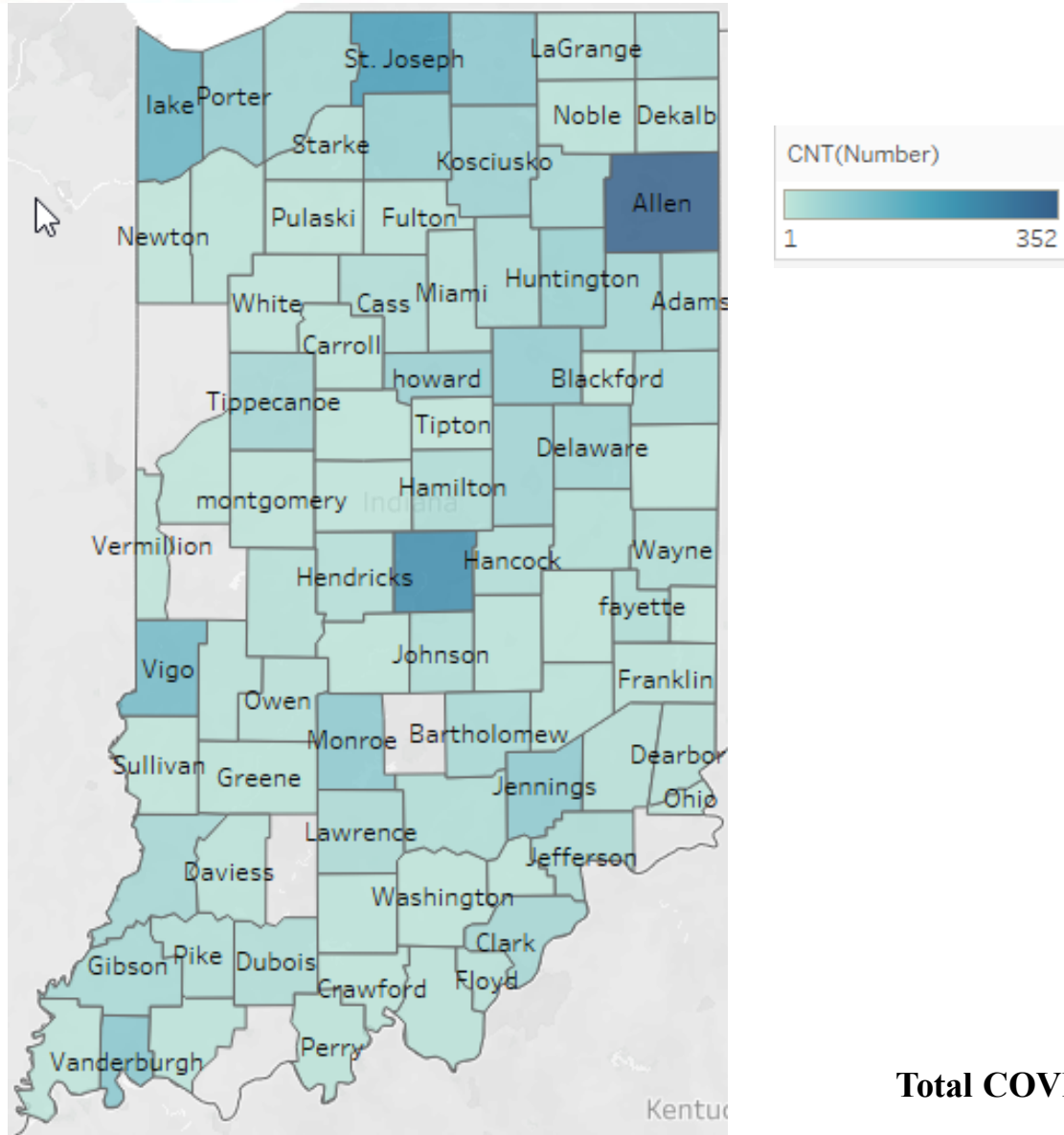


Staff COVID Cases by Month

Last Updated: 1/3/2022 11:52:19 AM



Data as of 1/3/2022



# COVID Positive Staff Cases by County

Total COVID-related deaths = 9



# COVID Reporting

- Individuals – via the Incident Reporting System
- Staff – online at <https://forms.office.com/Pages/ResponsePage.aspx?id=ur-ZIQmkE0-wxBi0WTPYjdeGrSGv-DIHozfF9fg56KdUNVZFWUc3Q0EzWjdWTlo0SkM0Wfk4T1E2Qy4u>
- Temporary closures/Re-opening – online at <https://forms.office.com/Pages/ResponsePage.aspx?id=ur-ZIQmkE0-wxBi0WTPYjdeGrSGv-DIHozfF9fg56KdUNVhTRUhaTIFNTkhaR05LMUM1NIUzU05WNS4u>



## Waiver Amendment Approval

- Changes impacting FSW and CIH include:
  - Continuation of the 14% rate increase initiated as of July 1, 2021
  - Case management service definition revised and enhanced to add clarity
  - Remote supports service definition and provider qualifications clarified
  - Separation of vehicle modification from specialized medical equipment and supplies services with separate cap limits
  - Vehicle modifications now include \$15,000 cap every 10 years with expanded modification allowances
  - Case management service provided by 1915b(4) waiver to establish selective contracting with qualified case management organizations



## Waiver Amendment Approval

- Changes impacting FSW only include:
  - FSW cap increased from \$17,300 to \$19,614
  - Annual service limits increased for each level of non-medical transportation
- CIH and FSW Amendments can be found on the [BDDS website](#)
- The DDRS HCBS Provider Module is currently being updated to reflect the changes and an announcement will be made once complete.



## Case Management Innovation Update

- As of October 1, 2021, there were 4,997 individuals who needed to choose a new case management provider from the six Case Management Organizations (CMOs).
- Individuals and families were provided information in a variety of forms to ensure they understood the need to choose a new case management provider.
- On December 16<sup>th</sup>, BDDS auto-assigned individuals who had not made a choice of a new CMO in order to prevent any gap in services.
- There were a total of 169 individuals who were auto-assigned.



## SGL Temporary Rate Increase

- All Provider Plans for Implementation of Group Home Rate Increase have been received.
- All SGL providers should have received a confirmation that their plan was received.

# OBRA Day Service Sustainability Grant



- Providers of habilitation and pre-vocational services under the OBRA program who had to close or suspend services because of COVID-19 can apply for another round of the OBRA Day Service Sustainability Grant.
- This grant is for the fourth quarter of 2021.
- Grant applications will be open through January 21, 2022.
- More information is available on the [DDRS COVID-19 Resource Page](#)





## National Core Indicators

- Indiana Institute on Disability and Community is facilitating NCI on behalf of DDRS
- Face-to-face interviews (In-Person Survey) began in December with Individuals residing in an SGL facility
- Three different family surveys will be administered this year:
  - Adult Family Survey (adult family member with IDD (18+) living *with them in the family home*)
  - Family Guardian Survey (adult family member with IDD (18+) *living outside the home*)
  - Child Family Survey (child with IDD (under age 18) living *with them in the family home*)



# Provider Emergency Plans Required Criteria

## General:

- Address all types of crisis: natural disaster, pandemic, staffing, etc. The response to a natural disaster would be different than the response to a pandemic or staffing crisis. The provider should consider having a general crisis emergency plan and addendums for specific types.
- Include long-term and short-term plans. Many plans are written for the short-term. A crisis emergency plan should also include a long-term plan. As in the case of the pandemic, the original short-term plan is not sufficient.
- Define criteria for operation tiers and the response for each. For example, Tier 1 would be normal operations.
- Define what the characteristics are for this stage such as staffing rate, supplies, etc., and what the agency response would include such as relocation, cleaning protocols, inventory monitoring, staff absenteeism, etc. Tier 2 characteristics might include a % decrease in staffing rate, an emergency declaration by a government entity, etc. The agency response might include alternate work/service delivery sites, cross-training of staff, institute communication plan, reduce non-critical functions, etc.



# Provider Emergency Plans Required Criteria

## General:

- Define roles and responsibilities of all staff. The plan should clearly define who is making what decisions and when and be comprehensive of all levels of responsibility and decisions that are required.
- Define a communication plan. The communication plan should include staff, individuals, families and teams. The plan should define distribution methods and timelines.
- Ensure the plan acknowledges individual-specific plans. The HCBS Settings rule requires individuals to have an emergency plan specific to them. The provider must ensure the agency's plan acknowledges the individual's plan and ensures agency decisions does not infringe on the individual's rights or choice.

# Provider Emergency Plans Required Criteria



## Administrative:

- Establish a system to monitor staffing capacity. Staffing is a critical component of service delivery and is impacted in any emergency situation. The provider should have a system to monitor the staffing needs and when staffing levels are a critical situation.
- Include a plan for staff shortages based on tier criteria. Once the tiers are established the provider should clearly define the agency's plan for each tier.
- Define use and implementation of Appendix k or other state-approved flexibilities. The plan should define when a flexibility should be utilized, how the agency will communicate with individuals, families, and teams, re-evaluation criteria, and plan to terminate the flexibility.
- Update plan as new guidance is issued. Crisis Emergency Plans should be a living document and require updates as new guidance is issued.
- Train all staff on implementation of the Crisis Emergency Plan. Ensuring staff know what to do in an emergency is critical.
- Determine and outline critical functions. In an emergency, the provider may not be able to continue normal operations. The provider should determine critical vs. non-critical functions. These functions may also be reflected in the tiers and provider's response.

# Provider Emergency Plans



- Providers of residential services (e.g. all RHS, SFC, PAC) must submit a plan
- All plans must include the required criteria
- Plans are due on or before January 31, 2022



## Upcoming Trainings

- Honoring Rights Training Webinar
- Mandatory for all current BDDS HCBS Providers
- Executive level staff member required to attend
- Others encouraged and welcome to attend
- Advanced registration required
- January 13, 2022, 1 PM EST
- January 20, 2022, 10 AM EST



**Thank you!**