



# BDS Provider, Care & Case Manager Monthly Webinar

July 25, 2024



# Today's Agenda

- Welcome to Health and Wellness (H&W) and Traumatic Brain Injury (TBI) providers
- CIH/FSW Provider Reminders & Information
- CPR Certification Requirements
- Incident Reporting
- Documentation Requests
- Mandatory Components of an Investigation
- Supervised Group Living Referrals
- Innovation Pilot Projects
- Future Webinar Topics Invitation



# Welcome to Providers and Care Managers from H&W and TBI Waivers

The Centers for Medicare & Medicaid Services approved the agency's proposed waivers and amendments for launching the Indiana PathWays for Aging program and continuing to provide home and community-based services to eligible Hoosiers across a number of programs, including PathWays, starting July 1, 2024.

The approved waivers include the following 1915(c) home and community-based services waivers:

- Community Integration and Habilitation Waiver
- Family Supports Waiver
- Health and Wellness Waiver
- Indiana PathWays for Aging Waiver
- Traumatic Brain Injury Waiver

# Health & Wellness, Traumatic Brain Injury, and Pathways for Aging

Structured Family Caregiving - clarifies when an eligible individual can receive skilled respite, permitting foster parents to provide Structured Family Caregiving services, and clarifying how individuals are assigned a tier.

Settings in which individuals can receive home and community-based services was clarified.

Alignment of expectations, requirements, and service limitations across all waivers

OMPP will facilitate the new provider application process along with requests to add new services, deactivate services, provider recertification, and/or changes of ownership.

DDRS will maintain responsibility for oversight of active H&W and TBI waiver providers including Picklists, quality assurance, incidents, and other oversight.





## Provider Attestations for CIH/FSW Waivers



A provider system administrator **MUST** log into the BDS Portal and confirm the Provider Profile information at a minimum of every **90 days**.

The Provider Profile information should always be updated anytime there is a change in the Provider Profile.

For assistance with completing the Provider Attestation, please refer to the BDS Portal User Guide for Providers located in the Resource Section of the BDS Portal under the "User Guides" tab.

# Provider Contact Updates for CIH/FSW

In addition to the required completing of Provider Attestation on a quarterly basis for CIH and FSW providers, please note that all providers are expected to ensure that provider contact information in BDS Portal is accurate. All providers have access to update this information and should be doing so. This includes changes in:

- Leadership/Agency Contacts
- Addresses
- E-mails
- Telephone Contacts

Provider representatives having access to the BDS Portal are expected to ensure the ongoing accuracy of agency information. BDS Provider Services is not required to update this information. If you are having a technical issue, please submit a Jira ticket. If you are unsure how to complete this update, please refer to the Provider Resources Tab in the BDS Portal at <https://bddportal.fssa.in.gov/Resource>





# Provider Referrals for CIH/FSW Waivers



Please check your provider referrals grid and respond to referrals within **30 days**. You may view the referral then accept, reject or request additional information by selecting the record.

For assistance with completing the Provider Referrals, please refer to the BDS Portal User Guide for Providers located in the Resource Section of the BDS Portal under the "User Guides" tab.



# Documentation Requests

Only BDS can respond to a request for documentation.

When a documentation request is received, the Care/Case Manager will ensure all provided information, including the legal status of the individual is correct and up to date in the BDS Portal or CaMMS as appropriate.

## **Eligibility Determination Requests and Subpoenas**

Submit the request for documentation, including a release, to  
FSSA BDS Documentation Requests at [BDSdocumentationrequests@fssa.in.gov](mailto:BDSdocumentationrequests@fssa.in.gov).

## **Requests by Individuals, Parent of a Minor Child, or Legal Representative as Applicable**

Submit the request of documentation, including a release, to Case Management Support Specialist, Megan Johnston, at [Megan.Johnson@fssa.in.gov](mailto:Megan.Johnson@fssa.in.gov).

*Please note, this is not a change for case managers supporting individuals on the CIH and FSW waivers.*



# Incident Reporting

Reportable incidents include, but are not limited to:

- Allegations of abuse, neglect, and exploitation
- Injuries of unknown origin
- Death of an individual
- Per BDS Policy, to ensure the health, welfare, and rights of the individuals, the provider must conduct an investigation into these specific incident types and other incidents as directed by BDS.
- The investigation must include the mandatory components as outlined in BDS Policy.



# Mandatory Components of an Investigation

Mandatory components for investigations and reviews as addressed in this policy include:

- a) a clear statement of the nature of the allegation
- b) a clear statement of the timeline
- c) identification of all parties
- d) signed/dated statements from all parties
- e) description of all records/documents reviewed
- f) copies of all records/documents/evidence
- g) explanation of discrepancies
- h) a determination as to whether rights were violated
- i) a clear statement of substantiation/non-substantiation

Please see [https://www.in.gov/fssa/ddrs/files/Mandatory\\_Components\\_of\\_an\\_Investigation.pdf](https://www.in.gov/fssa/ddrs/files/Mandatory_Components_of_an_Investigation.pdf)  
for more information



# CPR Certification Requirements

A provider shall maintain in the provider's office files all CPR certifications and recertifications, updated every 2 years, for each employee or agent who works with individuals. **\*Note: CPR certification must include hands-on certification**

The following are the approved certification entities:

- American Red Cross
- American Heart Association
- National Safety Council
- American Health and Safety Institute
- Emergency Care and Safety Institute



# Supervised Group Living Referrals

A friendly reminder to providers to continue to complete the SGL referral packet questionnaire that is linked in all SGL referral.

BDS has experienced a decrease in this questionnaire being used and we would like to continue to collect that information.

Your assistance is appreciated!



# Career Exploration and Planning Service



- New Service on the CIH/FSW as of 7/1/2024
- Current providers of Pre-Vocational Services on the CIH and/or FSW were auto-approved to provide Career Exploration & Planning. An option was provided to opt out of auto-approval.
- Career Exploration & Planning is an accredited service and will need to be added to an agency's accreditation within one year - in this case, that would be by 7/1/2025.

# Career Exploration and Planning Service



Intended to be a time-limited service along the continuum of employment supports.

Shall not exceed twenty (20) hours a month for six months in a 12-month period.

Must be provided in a community setting.

May be provided on an individual basis or in groups dependent on participant choice. When group services are offered, the group shall not exceed four (4) persons and must be formed based on shared CIE interests of the group members.



# Home Modifications

- Home Modifications are those physical adaptations to the home, required by the individual's PCISP, which are necessary to ensure the health, welfare and safety of the individual, which enable the individual to function with greater independence in the home.
- All participants must receive a Home Modification Assessment with a certified waiver provider selected by the participant prior to any subsequent home modifications as well as a home modification inspection upon completion of the work.
- As updates have occurred, please review the following sections of the provider module: Home Modification Assessment and Home Modifications (allowable activities, service standards, documentation standards, and limitations, and activities not allowed).

# Home Modification Assessment Service



- New Service available on CIH, FSW, and TBI waivers effective 7/1/2024.
- Current providers of Home Modification Assessment on the TBI and A&D (now H&W) waivers were offered expedited review and approval to provide Home Modification Assessment on both the CIH and FSW waivers effective 7/1/2024.
- As of 7/1/2024, all providers who opted in to this opportunity have been approved and are currently on the Choice Lists for Home Modification Assessment.





# Home Modification Assessment Overview

- Home Modification Assessment will be used to objectively determine the specifications for a home modification that is safe, appropriate, and feasible to ensure accurate bids and workmanship.
- All waiver participants must receive a Home Modification Assessment with a certified waiver provider selected by the participant prior to any subsequent home modifications as well as a home modification inspection upon completion of the work.
- The Home Modification Assessment will assess the home for physical adaptations to the home, which, as indicated by the individual's service plan, are necessary to ensure the health, welfare, and safety of the individual and enable the individual to function with greater independence in the home and without which the individual would require institutionalization.



# Home Modification Assessment

## Overview (slide 2 of 4)

- The assessor is responsible for writing the specifications, review of feasibility and the post-project inspection specifications to the case manager and individual for the bidding process and be paid first installment for completion of home specifications.
- After the project is complete, the assessor, participant, and case manager will each be present at an agreed-upon date and time to inspect the work and sign off indicating the work was completed per the agreed-upon bid. The assessor will be paid the final installment of the home modification work.
- In the event the participant, provider, assessor, and/or case manager become aware of discrepancies/complaints, the provider shall stop work immediately and contact the case manager and Bureau of Disabilities Services for further instruction.



# Home Modification Assessment

## Overview (slide 3 of 4)

- The BDS has the ability to request additional assessment visits to help resolve a disagreement between the Home Modification provider and the participant. This payment is not included in the actual home modification cost category and shall not be subtracted from the participant's lifetime cap for home modifications.
- The case manager provider entity will be responsible for maintaining related records that can be accessed by the State.
- Need for home modifications must be in the participant's plan.
- An annual cap of \$628 is available for Home Modification Assessment services unless the BDS requests an additional assessment to help mediate disagreements.



# Home Modification Assessment Overview (slide 4 of 4)

- Home Modification Assessment services shall not be performed by the same provider that performs the subsequent Home Modifications.
- Home Modification Assessment services shall not be reimbursed when the owner of the organization is a parent of a minor child participant, the spouse of a participant, the attorney-in-fact (POA) of a participant, the health care representative (HCR) of a participant, or the legal guardian of a participant.
- This service must not be used for living arrangements that are owned or leased by providers of waiver services.
- Payments will not be made for home modifications under this service.



# CIH Budget Request

# Required STBR/LTBR Submission Info

## *STBRs*

### Complete Prior to STBR Submission

§ Team meeting: once an STBR need is identified, a team meeting (virtual/phone is ok) must occur within 45-days of the status change.

§ 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.

• 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.

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

## *LTBRs*

### Complete Prior to LTBR Submission

§ Team meeting: once an LTBR need is identified, a team meeting (virtual/phone is ok) must occur in a timely manner.

§ 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.

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





# Timeframe for STBR Submission

The STBR must be submitted to BDS Central Office – *NOT SUBMITTED IN THE PORTAL* – on or before 45-days of the status change. Proactively identifying the need for an STBR is crucial.

Therefore, if a provider submits the STBR in the Portal on Day 35, but the CMO does not submit the STBR to BDS Central Office until Day 46, it is late. If a provider does not submit an STBR in the Portal until Day 47, it is late.

When STBRs are denied, appeal rights are provided with denial notifications/letters.



# Requests for More Information (RFIs)

Ideally, RFIs should not be necessary. The STBR/LTBR questions should be thoroughly responded to, and the supplemental documentation should provide sufficient info to support the budget request.

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

**PLEASE NOTE:** For STBRs/LTBRs submitted on & after August 1, 2024, BDS Central Office will only RFI twice. If the information is not provided or clarified following the 2<sup>nd</sup> RFI, the request will be denied. Appeal rights are included with all denial notifications/letters.





# HCBS Waiver Services & Restrictions/Modifications

Requests for more than 1:1 staffing is a restriction/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.

\* Although these questions are not currently in the BDS Portal, they will be added at a later time and must be thoroughly addressed in the submission.



# STBR/LTBR Required Questions for Restrictions

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?
3. If individual requires 2:1 staffing during sleeping hours, provide a detailed explanation
4. Thoroughly describe the condition(s) and/or issue(s) that are directly proportionate to the specific assessed need.
5. Describe the positive support(s)/intervention(s) used prior to any modifications.
6. Describe less intrusive methods of meeting the individual's need(s) that were tried but did not work.
7. Please give detailed established timeframes in which the IST will review if the modification is still necessary or can cease.
8. How is the need for the modification being determined? Describe in detail.
9. Describe what data is being reviewed and how often to determine the effectiveness of the modification.
10. 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.)
11. Include assurance that the interventions/supports will not cause any harm to the individual.
12. Include documentation of Human Rights Committee (HRC) authorization.

# Other Important Items



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.

# Other Important Items (cont'd)



Has the IST reviewed the PCISP services to determine if there are unused services where the funds can be utilized for the requested service?

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 (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.

If an individual has had a previously-approved LTBR, it does not mean that any subsequent LTBR(s) will be approved.



# Innovation Pilot Projects



# A Reminder

The Bureau of Disabilities Services created the IPP initiative to provide opportunity for home and community-based services providers, non-provider community entities, self-advocates, and families to explore new means and methods to support and address outstanding needs among Hoosiers receiving services from BDS.

These grant funds are made possible by the America Rescue Plan Act funds Indiana received from the federal government and are specifically targeted at improving services and supports for individuals with disabilities and their families.



# Focus

The focus and scope of the proposals IPP grant opportunity was by necessity quite broad. The goal was to give maximum flexibility to explore and test new ideas, expand innovative approaches, and just do things differently with an aim of improving the supports and services we provide.

The targeted areas of interest and focus are based largely on known areas of need, existing recommendations from 1102 Taskforce and individual and family stakeholder feedback.



# Purpose

Demonstrate new service models that could be expanded.

Build private/public partnerships to expand opportunity for employment and community engagement.

Investigate unique ways of meeting needs of individuals seeking or receiving services from DDRS/BDDS.

Explore ways of improving the lives of Hoosiers with intellectual and developmental disabilities.





# Major Themes of IPP Phase 1 Grantees

Information and Skill Building for Individuals

Community Partnership/Community Change

Supporting those who Support

Support Through Technology

Modifying our Current Models of Services and Payment (Music Therapy, Shared Living, Behavioral Support, Employment Related System Transformation)



# Next Steps

Projects are still in the midst of being implementing. BDS is working with Grantees on evaluation next steps to continue to inform waiver redesign moving forward.

Stay tuned for the next monthly Provider, Care Manager, and Case Manager webinars in 2024 as IPP grantees will be joining to share their project and implementation so far!



# For IPP 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](mailto:bds.help@fssa.in.gov) if you have any questions or thoughts!

# 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](mailto:BDSProviderServices@fssa.in.gov)

