BDS Provider & Case Manager Bi-monthly Webinar

July 12, 2023

Agenda

- Disability Pride Month and Flag Awareness
- Build Learn Grow Program Impact
- Innovation Pilot Projects Update
- IHCP Bulletin Update: Rate Changes
- OIG Required Checks
- Competitive Integrated Employment
- Provider Reverification Update
- Jira Help Desk Process
- Did You Know? Incident Reporting
- Did You Know? HCBS Settings Rule
- Did You Know? Extensive Medical Needs (EMN Homes)
- Thank You! Provider Experience Survey
- Reminder: BDS Portal Expectations
- Reminder: EVV Expectations
- Provider Webinar Topic Invitation

Everything to Know About the Disability Pride Flag

- Disability Pride Month takes place in July

- July 26th marks the anniversary of the Americans with Disabilities Act (July 26, 1990)

- The Original Disability Pride Flag was created in 2019 by Ann Magill, a writer who has cerebral palsy.

- After discovering the original design was causing symptoms for individuals with visually triggered disabilities (seizures, migraines, etc.), Ann collaborated with the disability community to create a more universally accessible design.

- The faded black background represents "the anger and mourning over eugenics and the neglect that people with disabilities have to fight against.

- Red represents physical disabilities.

- Gold represents neurodiversity.

- White represents invisible and undiagnosed disabilities.

- Blue represents emotional and psychiatric disabilities.

- Green represents sensory disabilities.
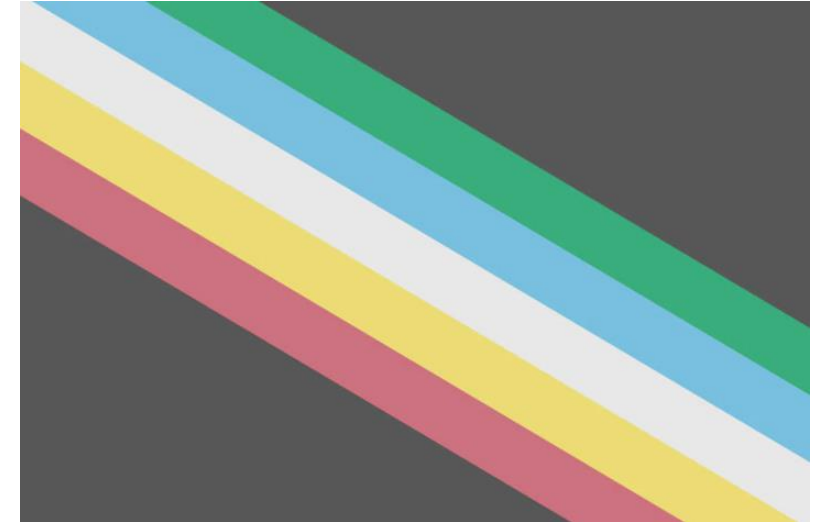
Build Learn Grow Program Impact Report

The Build Learn Grow Program Impact Report highlights agency-wide outcomes to demonstrate how FSSA is leveraging federal relief funding. FSSA is committed to sharing with stakeholders how these investments are improving the health and well-being of Hoosiers in three key areas: Services in the Home or Community, Early Childhood Programs, and Mental Health Services.

To view the April 2023 report, please visit:

https://www.in.gov/fssa/files/FSSA-BLG-Program-Impact-Report-April-23.pdf

Innovation Pilot Projects Update

Pilots offer an opportunity to:

- Demonstrate new service models that could be expanded and adopted more broadly;
- Build private/public partnerships to expand opportunity for employment and community engagement among those receiving BDS services;
- Investigate unique ways of meeting expressed needs of individuals seeking or receiving services from DDRS/BDS; and
- Generally, explore ways of improving the lives of Hoosiers with intellectual and developmental disabilities.
- Visit the link below for the one-pagers and webinar recordings. We thank everyone who has responded to our survey requests in support of the Innovation Pilot Projects.

https://www.in.gov/fssa/home-and-community-based-services-spending-plan/bdds-innovative-pilot-projects/

IHCP Announces New Rates for DA/DDRS Waivers Effective 7/1/2023

IHCP announced new rates for DA and DDRS waivers effective July 1, 2023, pending CMS approval. Rates can be found on the 2022 – 2023 HCBS Rate Review Projects website at:

https://www.in.gov/fssa/ompp/files/DDRSPublicNoticeJuly2023Rates_RHSAlignment.pdf

or in IHCP bulletin BT202378 at:

https://www.in.gov/medicaid/providers/files/bulletins/BT202378.pdf

Questions can be e-mailed to: HCBS.Ratemethodology@fssa.IN.gov

Office of Inspector General (OIG) Required Background Checks

Per Medicaid rules, providers must conduct a background search from the OIG exclusion list:

To verify and maintain proof of verification that no employee or contractor is an excluded individual or entity with the Health and Human Services (HHS) Office of the Inspector General (OIG). Providers shall review the HHS-OIG List of Excluded Individuals/Entities (LEIE) database for excluded parties. More information is available at http://www.oig.hhs.gov/fraud/exclusions.asp. This LEIE database is accessible to the general public at https://exclusions.oig.hhs.gov/ .

Providers must the complete the search prior to employment of staff and maintain documentation in their personnel file. Documentation must be available upon request by BDS, OMPP, and FSSA Audit.

What is
Competitive Integrated Employment?

To be considered "competitive integrated employment," a job position must satisfy three criteria related to wages/benefits, integration, and opportunities for advancement (Section 7(5) of the Rehabilitation Act (29 U.S.C. § 705(5)) and 34 C.F.R. § 361.5(c)
(9). Specifically, "competitive integrated employment" means full- or part-time work:

- A) In which the employee with a disability is compensated (including benefits) at a rate of the higher of the Federal, State, or local minimum wage applicable to the place of employment, and not less than the customary rate paid by the employer to employees without disabilities performing the same or similar work and who have similar experience, training, and skills;

- B) At a location that is typically found in the community; and where the individual with a disability interacts, for the purpose of performing the duties of the job position, with other employees within the work unit and at the entire worksite, and, as appropriate for the work performed, with other persons (e.g., customers and vendors) who are not individuals with disabilities (and who are not supervisory personnel or service providers) to the same extent that nondisabled employees interact with these persons; and

- C) That presents opportunities for advancement for individuals with disabilities that are similar to those available to employees without disabilities in similar positions.

Provider Reverification Process Update

After a brief pause, BDS has resumed the Provider Reverification process. Brittany Fisher is the new Provider Reverification Specialist for BDS and will contact each provider when reverification is due with instructions and expectations.

Additionally, updated resources and trainings have been added to the provider resource page in the BDS Portal.

JIRA Help Desk Web
User Basics

BDS utilizes the JIRA Help Desk Web Portal for all help desk ticketing. When you have any system issue, a ticket will need to be created for assistance. Follow these steps:

1. To access the Help Desk Web Portal, open a web browser window and go to: https://dmha.fssa.in.gov/helpdesk/?div=ddrs

2. Enter your e-mail address and click "Create Ticket."
    a. If you have not yet registered as a Help Desk customer, you will be directed to submit your ticket via e-mail to DTS-DAS@fssa.in.gov
    b. If you are registered as a Help Desk Customer, the new ticket screen will open.

JIRA Help Desk
Web Basics

3. The Customer Name and Related Provider field will be automatically populated when the new ticket opens. These values are not changeable. If this information is incorrect, please note that in the description box.
    a. NOTE: If you have only one choice for a field, the drop down will be grayed out. If a field is not grayed out, you will need to choose from drop down options.

4. Next, Select the Related Application for which you are having issues. For example:
    a. BDS Portal – General – DDRS
    b. BDS Portal – Provider
    c. Claims – BDS Billing - DDRS
    d. Enter the e-mail addresses for other people, if any, you want copied on correspondence about your ticket. You must put a comma and a space between multiple e-mails.

5. Select the Service Type (Access, Question, Performance, Data Issue) and Severity

6. Enter a summary and description of the issue. Include attachments if applicable. Review and Submit. Your ticket will be assigned a ticket number, triaged, and reviewed. You may be contacted for additional information and you will receive an e-mail advising you of ticket resolution/closure.

Incident Reporting
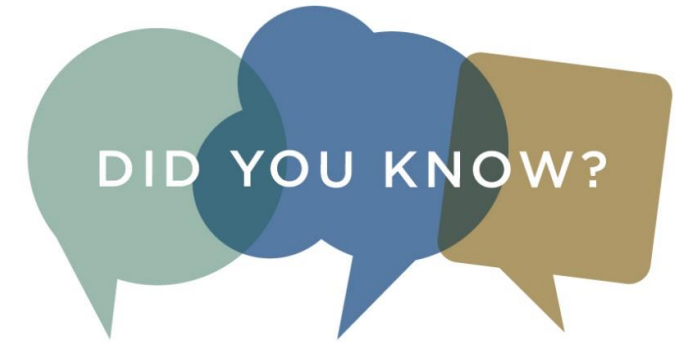
460 IAC 6-9-5 reports that all incidents of neglect are reportable.

This includes:

- Failure to provide appropriate supervision, care, or training;
- Failure to provide a safe, clean and sanitary environment;
- Failure to provide food and medical services as needed;
- Failure to provide medical supplies or safety equipment as indicated in the PCISP

If an individual is unsupported per the level of supervision identified in their PCISP then it is reportable as neglect. If this issue is ongoing then the IST should convene to discuss alternatives to supporting the individual. Providers should have an emergency staffing plan in place. Additionally, every individual should have an individual-specific emergency plan outlined in their PCISP.

APS should also be notified of all incidents of neglect. If it is suspected that a crime has occurred; a police report should also be filed.

HCBS Settings Rule Q&A

- What does it mean that the HCBS Settings Rule ensures that individuals sharing residential settings have a choice of roommates in that setting?

  It means that the person must be able to choose where they live and not just be 'assigned' to live in a home. Individuals must be able to meet each other and agree to being roommates prior to living together.

- Why do I have to knock on an individual's door if I'm their DSP?

  The HCBS Settings Rule ensures an individual's rights of privacy, dignity and respect. This means waiting for permission to enter someone's bedroom or other private room in their home.

SGL: Extensive Medical Needs (EMN)

One of the levels of Supervised Group Living (SGL) homes that BDS offers is "Extensive Medical Needs."

These are 12.0-hour homes with 4 beds for adults with extensive medical needs who need a medical management program and habilitation services. To be determined as appropriate for this setting an individual must require direct, hands-on 1:1 care by staff a minimum of 6 hours per day and benefit from additional nursing supports due to healthcare needs but do not need 24-hour nursing. These homes have a nurse available 24-7 who is also present in the home at least 10 hours per week to provide direct monitoring, complete assessments, train staff, monitor vitals, etc.

There are 21 EMN homes in the state with capacity for 84 individuals. EMN homes are located in districts 2, 3, 5, and 8. As of right now, there are multiple EMN homes with available openings.

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BDS Portal:
Provider Experience Survey

Nearly 70% of all BDS providers responded to our recent BDS Portal 2.0 Provider Experience Survey. BDS really appreciates your engagement and valuable feedback. We are currently analyzing the results and will share them in the near future!

Thank you to those who participated!

BDS Provider Portal Expectations:
Provider Attestations

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 changing Provider Profile information prior to completing 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. To complete Provider Attestation:

Step 1: Click on the Profile tab of the Provider Profile.

Step 2: Click the "Confirm Profile Information" button.
(NOTE: The Provider Attestation modal appears with the message "By adding the date and clicking OK, I attest that all information in this profile, as well as the profile of each associated child location, is accurate and current including, but not limited to, contacts, addresses, services, counties, and staffing capacity."

BDS Provider Portal Expectations:
Provider Attestations (2)

Step 3: Enter the current date for the Attestation Date.

Step 4: Click OK.

(NOTE: A new message appears at the bottom of the screen, "Profile information attested as accurate and current as of (date and time of verified attestation)." If a Provider Profile has never been confirmed, the message "Profile Information has not been confirmed" will be displayed.

This expectation for all BDS Providers is a CMS requirement and we appreciate your support in ensuring provider and agency compliance. This helps to ensure contact information is current, users are current, and the availability of staff is current.

(NOTE: A waitlist indicates you do not have staff available.)

EVV Compliance Reminder

- 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 postponed this final enforcement date for personal care services. However, personal care services providers that are found to be out of compliance with the EVV requirement have begun seeing select claims recouped beginning with services provided in January 2023.

EVV Compliance Resources for Additional Support

- [Electronic Visit Verification Training](#)

- Virginia Hudson at inxixevv@gainwelltechnologies.com

- FSSA at evv@fssa.in.gov

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.

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