



Eric Holcomb, Governor
State of Indiana

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Telemedicine services and case management services Fact sheet

The Bureau of Developmental Disabilities Services is currently operating under Executive Order 20-02 issued by Indiana Governor Eric Holcomb on March 6, 2020, declaring a Public Health Emergency in the state of Indiana due to the outbreak of Coronavirus (COVID-19).

In response to the COVID-19 pandemic and the serious health risk it poses to Indiana's intellectual and developmental disabilities population, The Division of Disability and Rehabilitative Services issued guidance and temporary changes to the delivery of our home and community based services that include the Family Support Waiver and the Community Integration and Habilitation Waiver.

This fact sheet is intended to provide a brief overview and possible examples of the delivery of case management services through the use of telemedicine as appropriate.

For the most up to date and detailed information on all of the temporary changes and guidance related to COVID-19 visit the DDRS COVID-19 response page which can be found [by clicking here](#).

Case management services definition

Case management services are services that enable an individual to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner. Case management assists individuals in gaining access to needed waiver and other Medicaid State Plan services, as well as needed medical, social, educational, emotional/spiritual and other services, regardless of the funding source, paid or unpaid, for the services to which access is gained. Case management services must be reflected in the person-centered individualized support plan and must address needs identified using Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, LifeCourse Tools or an equivalent person-centered planning tool.

Examples of utilizing telemedicine services for case management services

Delivery of case management through telemedicine services may be utilized for completion of the required case management responsibilities:



- Virtual team meeting or visit with video or audio conferencing using computer, phone and television monitors. Virtual team meetings should be communication that provides real-time face-to-face communication between all team members.
- Virtual visits with the individual and family or guardian, as applicable, to assist with gaining access to needed medical, social, educational, emotional/spiritual and other services, regardless of the funding source.
- Annual planning and assessment-annual activities that support the individual in establishing an annual PC/ISP, developing a budget in support of their PC/ISP, and in establishing their eligibility for waiver services.
- Ongoing case management services that monitor implementation of the individual's PC/ISP and provide for regular review and modification with the individual and the individualized support team.

Providers are encouraged to refer to [IHCP Bulletin BT202022](#) issued on March 19 for additional details on billing and documentation requirements and [ICHCP Bulletin BT202034](#) issued on April 2 addressing frequently asked questions. In addition, providers should utilize updated guidance from the Office of Civil Rights regarding HIPAA compliant telemedicine options available [by clicking here](#).

Following are key highlights of the guidance from the Office of Medicaid Policy and Planning on the delivery of telemedicine:

- Appropriate consent from the individual must be obtained by the provider prior to delivery of service. Consent may be received verbally or by electronic signature, and should be documented as such.
- Telemedicine services must include documented authorization by the individual and/or their legal representative(s) for any additional individuals to participate in telemedicine services. Authorization may be received verbally or by electronic signature, and should be documented as such.
- The provider and/or individual may be located in their home(s) during the time of the service.
- Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the individual. This includes voice only communication and **does not** include non-voice communication such as emails or text messages.

Additionally:

- Telemedicine services must not be held in public spaces or via a public network.
- Telemedicine services may not be utilized for individuals requiring physical examination, hands-on physical assessment, medical procedures or in need of acute/urgent medical intervention.
- Planning, reporting and write-up when in association with the actual one-on-one direct service delivery with the individual should continue while using telemedicine.
- Documentation must be maintained by the provider to substantiate: the services provided, consent was obtained, and services were rendered via telemedicine (including identification

of the locations of the provider and individual). Documentation must be available for post-payment review.

- The use of telemedicine services will remain in effect only through the duration of the public health emergency.