




**Financial Management
Professional Interest Section Meeting**

November 11, 2021

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Today's Agenda

- Welcome
- Upcoming Events
- Industry Update
- Finance Staff Role with Surveys

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Upcoming Events

Professional Interest Section Meetings / Professional Development:

- November 11 - Human Resources (12:30-2:30 PM)
- November 17 - DSP Series Webinar: Seizure Management in Community-Based Settings (1-2:15 PM)
- November 18 - Complimentary Webinar: Motivational Interviewing: Becoming an Agent of Enduring (10-11:15 AM)

Upcoming Member Forum and Board of Directors Meetings:

- November 19 - Board of Directors Meeting only - Virtual
- December 17 - Member Forum / Board of Directors Meeting - Hybrid – in English Foundation Building, Indianapolis

Registration for each meeting is available 3 weeks in advance. Recordings and materials will be available on the [INARF Member Portal](#) within 2-3 business days following each meeting.

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Sponsorship Recognition


Alicia M. Boyd, CPA
Professional Corporation



CPAs / ADVISORS



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Financial Management

Industry Update

Brian Carnes, Director, Public Policy & Technical Assistance, INARF

Phillip Parnell, Public Policy Analyst, INARF

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Industry Update

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Electronic Visit Verification Update

Performance Metrics

- August 2021
 - 70% of Sandata records verified
 - 90% of Alt EVV records verified
- Top Exceptions:
 - Alt EVV
 - Unauthorized Service exception (has been removed from system as of Nov. 3)
 - Visits without out-calls
 - Sandata
 - Visits without out-calls
 - Missing service
 - Unknown employees
 - Unknown clients

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Electronic Visit Verification Update

Post and Pay Status

- Hard edit implementation anticipated spring 2022
- FSSA has stated that it will give at least 6 months notice via IHCP publication
- FSSA is currently reviewing random claims to verify EVV aggregator activity and Gainwell is contacting providers with high exception rates in preparation for this

Since FSSA will be announcing the deadline for full EVV implementation soon, **INARF recommends that members review their EVV system and check with their Alt EVV vendor to ensure everything is working properly.** If are experiencing response or resolution delays on an outstanding issue, email EVV@fssa.in.gov regarding the issue with the ticket number and copy me Phillip@inarf.org

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Electronic Visit Verification Update

Key member questions/requests:

- EVV exemption for 24 hour congregate settings and live-in caregivers
 - FSSA response: The state is focused on 24 hour congregate settings. Exempting these settings will likely require a system change to both CoreMMIS and Insite. It is conducting more research regarding this
- How will issue resolution delays from Sandata affect providers after EVV hard edits have been turned on?
 - FSSA response: FSSA will not move forward with the hard launch until it is certain that the aggregator is working properly. Post launch, if issues were identified with the aggregator, the issue will be corrected and waiver claims would be reprocessed, similar to other non-EVV systematic issues

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Electronic Visit Verification Update

Key member questions/requests:

- What will EVV auditing look like?
 - FSSA response:
 - Program integrity not yet established a percentage of exceptions that would trigger an audit due to EVV based on the submission of an EVV record
 - Providers that reflect a large number of manual records would raise a concern for program integrity as manual entries are meant to be used as a last resort and when used primarily are not in the spirit of the federal requirements
- Programmatic meeting between Alt EVV Vendors and Sandata
 - FSSA hosted a webinar with Sandata, Gainwell and Alt EVV Vendors yesterday, November 10

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Electronic Visit Verification Update

Key member questions/requests:

- Regular programmatic call for Alt Vendors to retrieve the status information on records
 - FSSA response: no update
- Update the Sandata system to allow clients to be grouped by supervisor or by team
 - FSSA response: the state will not move forward with turning this feature on
- Alternative EVV vendors reported not receiving update emails from Sandata. Providers have reported not receiving communications regarding key systematic updates and receiving conflicting information regarding the aggregator.
 - FSSA response: FSSA had Sandata review the master distribution list and ensure that it is updated

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Employment Consultant Rates

- DDRS is aware that providers are having difficulty recruiting and retaining employment consultants and is working on increasing rates as well as other funding strategies for VR providers

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Waiver Redesign

Overall: No Substantial Update

DDRS three pillars of waiver redesign based on stakeholder feedback:

- Improve team dynamics through shared outcomes and communication
- Enhance case management and system navigation
- Focus on key supports to build independence

DDRS has stated that it is currently still working on the final waiver redesign plan and is working to ensure that it is in concert with the FSSA American Rescue Plan Act Proposal. There are no other updates.

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Case Management RFS

Dates:

- October 1: RFS awards published
- Individuals must pick a new Case Management company by December 14
- Contracts with CMCOs will be signed before December 30, with a start date of January 1 for new contracts

Case Management organizations awarded the RFS contract:

- **Indiana Professional Management Group (IPMG)**
- Unity of Indiana
- Inspire Case Management
- **Columbus Organization**
- Connections Case Management
- CareStar of Indiana

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Case Management RFS

- Total Individuals and Case Managers affected by transition
 - Individuals: 4,997
 - Case Managers: 128
- DDRS Outreach
 - Meet & Greet Opportunities (virtual and in person)
 - Mailings
 - Information Webinars
 - Developed toolkit for families

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Case Management RFS

- Final transition deadline of **January 1, 2022**.
 - State will be hosting a series of meetings and webinars that will help providers and individuals work through the process to ensure a seamless transition.
 - If no selection has been made by **December 15, 2021**, BDDS will begin the auto assignment process of referring individuals to CMCOs.
 - Providers who have been selected will be invited to monthly virtual meetings with DDRS to receive information, resources, and technical assistance.
 - Initial contact must be made **within seven days**, and an intake meeting must take place no later than **January 15, 2022**.
- The State has also produced multiple toolkits for CMCOs.
 - [Toolkit for Awarded Case Management Companies](#)
 - [Toolkit for Exiting Case Management Companies](#)
- Though these companies will be transitioning caseloads to other providers, there are still important deadlines and procedures that must be followed to ensure a quality transfer of documentation and other information.
- CMCOs are required to discuss and share information provided by DDRS to individuals.
 - This must be documented in case notes in order to bill for the monthly contact.
 - This requirement must take place in October, November, and December unless the individual has transitioned to a new CMCO.

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DSP Wage Increase Update

- [BR202137](#) corrected previous information on claims payments for services subject to the 14% rate increase
- Claims for those waiver services with dates of service from July 1, 2021 to August 17, 2021 **should be resubmitted for payment**
- 79 providers did not submit their DSP Wage Increase plans
- If you have not done so, please submit your plans and email [Katy Stafford-Cunningham](#) and let INARF know it was submitted
- OMPP has told us “Any provider that did not submit a plan to DDRS, they are expected to bill for the (old) procedure code and modifier combination.”
- If you have received communication about your plan being incomplete, please email Katy.

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DSP Wage Parity

- Shortly after the conclusion of the 2021 Session of the General Assembly, INARF began work to address the concern that the 14% increase for DSPs in a waiver setting does not support wages for DSPs working in group home settings.
- Agencies providing residential services in both waiver and group home settings do not have the option of increasing wages for DSPs in one setting and not the other.
- To address this disparity, in May INARF made a request to FSSA that group home providers receive funding to support a DSP wage increase to ensure wage parity in a way that would serve as a bridge to the cost reporting process and updated rates based on actual costs.
- INARF was pleased to learn that our request has been approved by the State Budget Agency.
- Now we must develop a process with FSSA on the details of how this funding will be distributed.

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American Rescue Plan Update

American Rescue Plan Update

- FSSA released their plan for the use of the ARP's increased FMAP for HCBS services on July 9th. Multiple components recommended by INARF included. Funding range: \$670.6M – \$877.6M
- FSSA received conditional approval on the HCBS Enhanced FMAP Spending Plan from CMS on 9/30, pending response to CMS questions
- FSSA responded on 10/7 – waiting for full approval
- Using DDRS Advisory as one of the groups to advise the state on implementation.
- First up: stabilization grants and employment focus

American Rescue Plan Area of Focus	Point of Contact/Lead
Stabilization Grants	Kim Opsahl, Lisa Davis
Workforce	Peggy Welch, Kelly Mitchell, Geena Lawrence
Family Caregiving	Self Advocates of Indiana
Provider Capacity	Kelly Mitchell, Holly Wimsatt, Kim Cauley

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COVID-19 Reporting Reminder

- **REMINDER: Required COVID-19 Reporting**
 - Individuals receiving BDDS services and supports
 - COVID-19 positive cases (confirmed via a COVID-19 test) and all deaths must be reported via [BDDS online incident reporting system](#).
 - Provider staff in direct contact with individuals receiving BDDS services and supports
 - COVID-19 positive cases (confirmed via a COVID-19 test) and all COVID-19 related deaths must be reported via online at [COVID-19 employee reporting form](#).
 - Provider notification of temporary closures or re-opening
 - Temporary closures or re-opening must be reported online at [Provider notification of temporary closures or re-opening](#).

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COVID-19 Boosters

- **CDC Recommendation**

- Individuals ages 65 and older and residents of long-term care facilities should receive a booster dose.
 - Individuals ages 50 to 64 with underlying medical conditions that put them at high risk of severe COVID-19 should receive a booster dose.
 - Individuals ages 18 to 49 with underlying medical conditions may receive a booster dose, based on their individual benefits and risks.
 - Individuals ages 18 to 64 who are at high risk of COVID-19 exposure and transmission because of an occupational or institutional risk of exposure may receive a booster shot based on their individual benefits and risks.
- The single booster dose can be administered at least six months after completion of the second dose and applies only to individuals who previously received the Pfizer vaccine. Individuals who received the Moderna or Johnson & Johnson vaccines are not eligible at this time.
 - Folks in congregate long-term settings are eligible for the Pfizer booster (we do anticipate Moderna boosters will be approved soon).
 - We plan on encouraging eligible individuals to use community vaccine sites and to schedule their booster here, <https://vaccine.coronavirus.in.gov/en-US/>, as well as encouraging group home/congregate residential setting providers and case managers (when applicable) to support individuals with this.

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COVID-19 Vaccine Booster

- **FSSA Response on Roll Out of Booster Shots for COVID-19 Vaccine**

- *"As you are likely aware, we understand that folks in congregate long-term settings are eligible for the Pfizer booster (we do anticipate Moderna boosters will be approved soon). Given the general availability of booster shots and the varied way in which this population was originally vaccinated, we plan on encouraging eligible individuals to use community vaccine sites and to schedule their booster here, <https://vaccine.coronavirus.in.gov/en-US/>, as well as encouraging group home/congregate residential setting providers and case managers (when applicable) to support individuals with this."*

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COVID-19 Vaccine Mandates

- **Current Rules and Policy**

- **OSHA Emergency Temporary Standard**
 - These standards are federal regulations that are enforced by Indiana State government employees at the Indiana Department of Labor.
 - These emergency standards are currently in place and enforceable.
 - Any provider who is providing direct healthcare, as defined by multiple documents and flow charts that we have made available, must develop a plan to protect employees from COVID in the workplace
- **CMS**
 - A rule has been adopted and is currently in effect for ICF-IID facilities, which requires providers to provide vaccination education, access and reporting for residents and staff
 - This policy was developed by CMS and will be enforced by Indiana State government employees at the Indiana State Department of Health

- **New Rules (not yet enforceable)**

- **OSHA**
 - President Biden announced in September of 2021 that any business in the country with more than 100 employees will be required to either prove that everyone is vaccinated or test employees weekly.
 - Draft rules have been published
 - A plan must be prepared and include processes, exemptions and procedures
 - Indiana State government will be tasked with enforcement of this new rule
 - Fifth Circuit Federal Court of Appeals issues a stay 11/6/2021
- **CMS**
 - President Biden also announced an expansion of the current vaccine requirements on healthcare facilities to include any provider receiving Medicaid or Medicare funding.
 - Rules have been published to enforce this
 - The rule will not apply to HCBS and will only impact services with federally specified qualification requirements, including federal conditions of participation.
 - Currently ICF-IIDs are included, while waiver services are not.

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Telehealth

- **Senate Enrolled Act 3 (2021 Session)**

- Limits telehealth services, reimbursed by Medicaid, only to licensed providers
- Licenses included in title 12 (IPLA)
- Excludes many IDD services

- **Executive Order 21-13**

- The healthcare emergency allowed Gov. Holcomb to waive laws by executive order
- Language in EO 21-13 allowed telehealth for IDD services
- Executive order 21-25 excluded previous telehealth language, preventing any un-licensed provider from providing telehealth services

- **Appendix K**

- Federal public health emergency approval allows telehealth up to six months after the end of the federal emergency period
- Assumptions are that this authority will end Jan. 31, 2022
- After the federal emergency period runs out, Indiana state law will kick back in and prevent telehealth services to only licensed providers


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Thank you!

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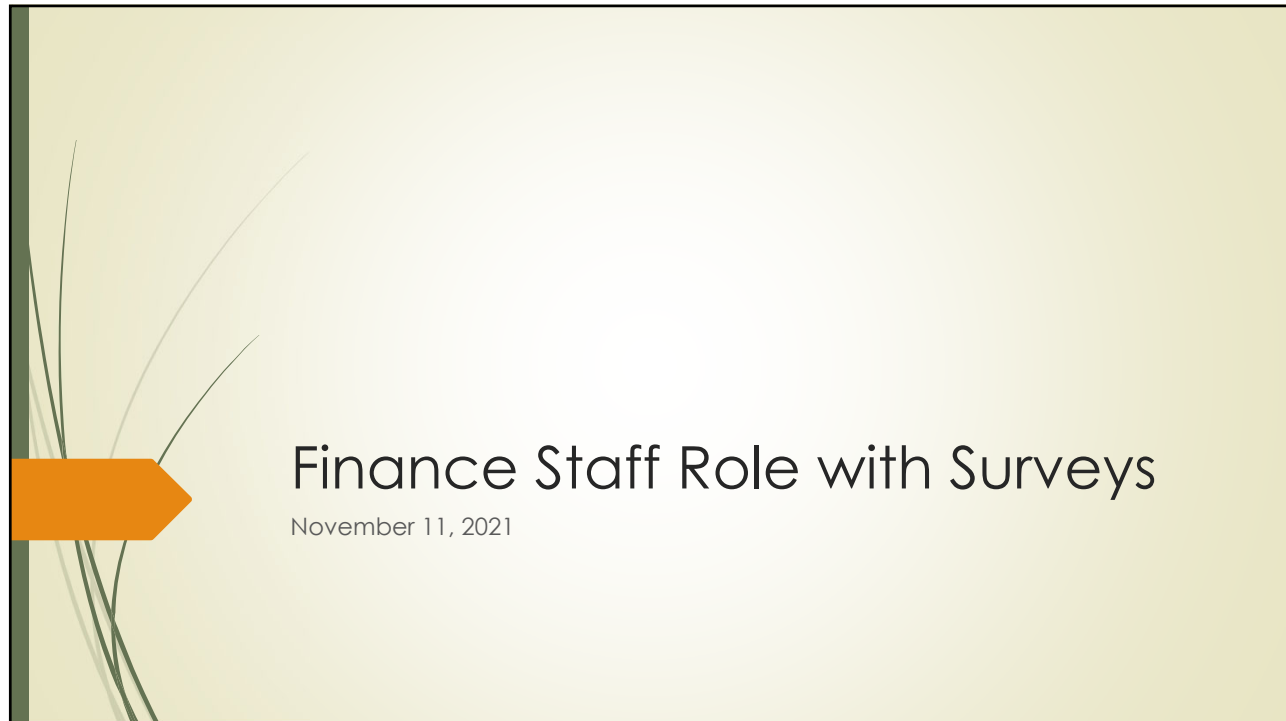
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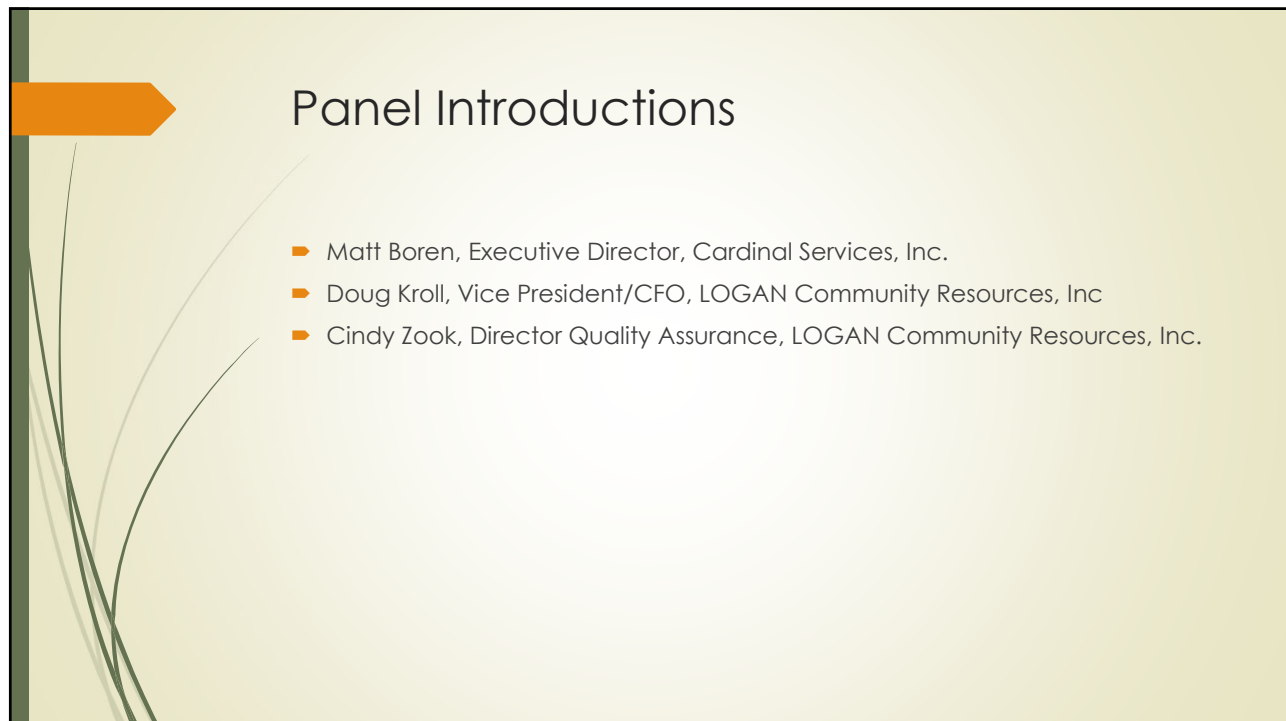
Matt Boren, Cardinal Services, Inc.
Doug Kroll, LOGAN Community Resources, Inc.
Cindy Zook, LOGAN Community Resources, Inc.

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Our Goals Today

- The financial audit compared to the survey process.
- The difference between the types of surveys. Each have their unique questions, tones and focus depending on the surveying body.
- Preparation that includes tips for managing the overall survey process in finance and related areas.
- How to navigate questions we have about the survey process.

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Experience with Survey Types

- Panelist's experience with surveys regarding preparation
- Panelist's experience with survey process
- Panelist's memorable experiences with lessons learned.


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“Tips and Tricks”

- Knowledge of Standards
- Review and revise existing policies/procedures to meet the standards
- Staff Training
- Remote Survey Preparation
- Ongoing internal monitoring/Audits/File Reviews
- Self-identification versus being caught off guard
- The Myth of Perfection

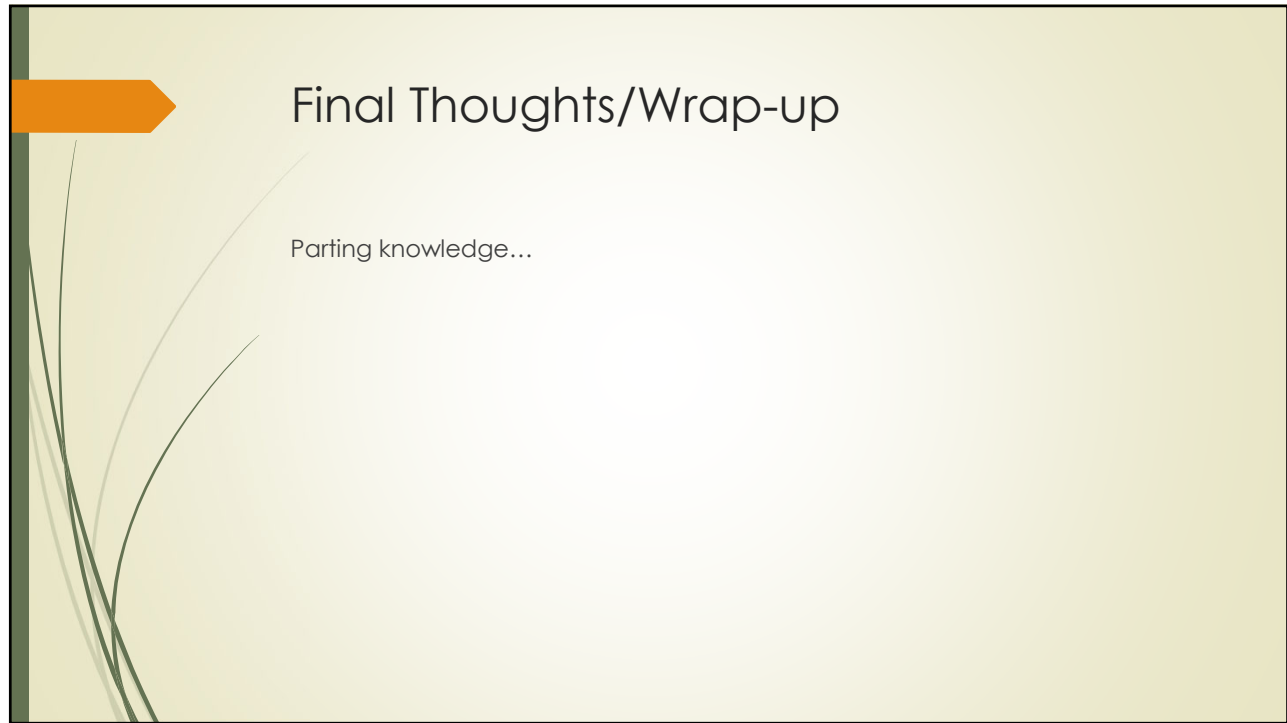
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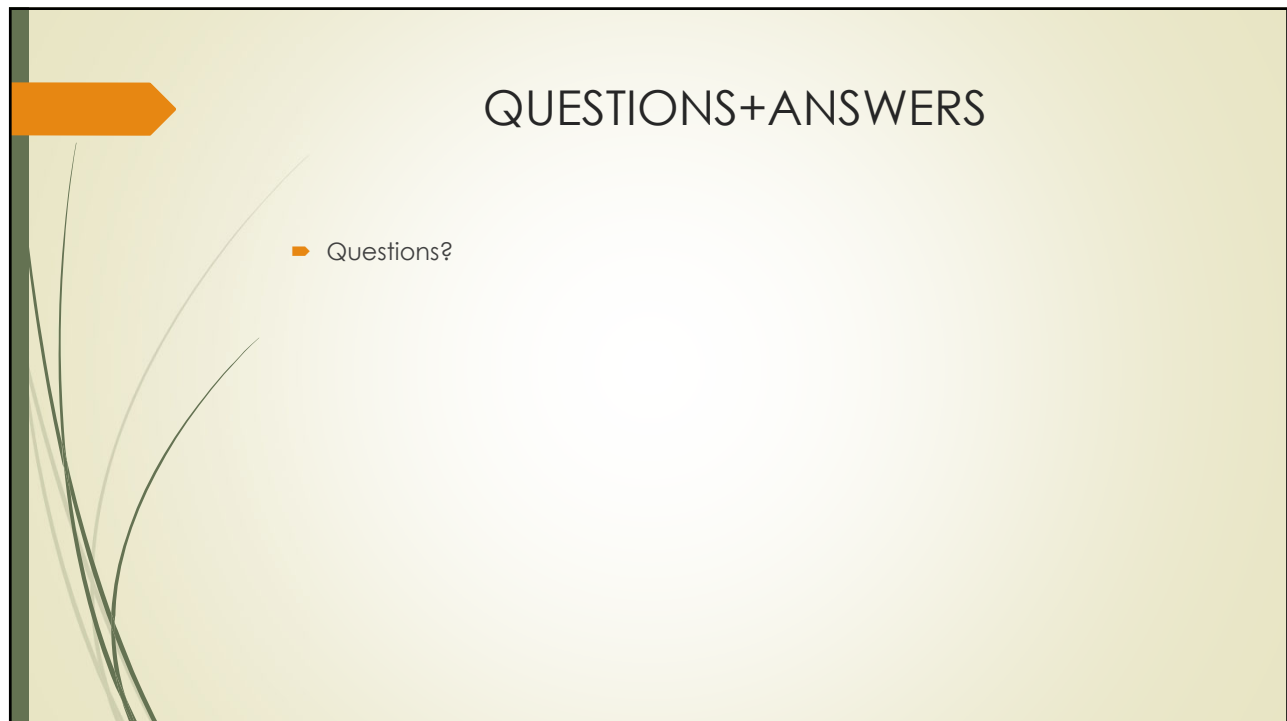
Follow Through

- Debriefing after the survey
- Corrective Action Plans/Quality Improvement Plans/Plans of Corrections
- Staff Training based on correction plans

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Alicia M. Boyd, CPA
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CPAS / ADVISORS

 **Bradley Associates**
Healthcare Advisors and CPAs



 **JA BENEFITS**
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Thank you!

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