



Member Forum

May 21, 2021

Welcome

- Debbie Bennett, President & CEO, Hillcroft Services, Inc.

Today's Agenda

- Recognition of Service to Kylee Hope – John Barth, INARF
 - BDDS Update – Cathy Robinson, BDDS
 - I/DD Industry Fiscal Update – Tracy Mitchell, Bradley Associates, CPAs
 - Association Update – Nanette Hagedorn, INARF
 - Industry Update - John Barth, Katy Stafford-Cunningham, and Phillip Parnell, INARF
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Recognition of Service:

Kylee Hope





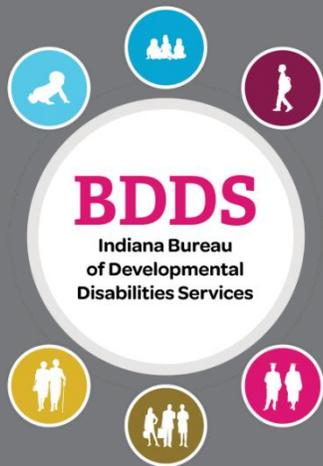
BDDS Update

Cathy Robinson, BDDS



Case Management Innovation Project Activities & Updates

Cathy Robinson, M.S. Ed, Director, Bureau of Developmental
Disabilities Services





Our Current Modified Approach

Synthesis of Stakeholder Feedback and Current Capacity to Inform Areas of Priority

Improve team dynamics through shared outcomes and communication

Enhance Case Management and System Navigation

Focus on key supports to build independence

All people have the right to live, love, work, learn, play and pursue their dreams.



What we have heard from individuals & families

“I need someone to help me find resources”

“I need someone to have my back”

I would be lost without my case manager

“I need my case manager to understand how services impact my budget”

I rely on my case manager to know what I don't.

“I wish my case manager would think outside the box”

“Case managers need more training”

“Case managers should focus on what could be rather than what is”

“I need my case manager to communicate with me better”

“My case manager should be the glue that holds it all together”

Enhance Case Management and System Navigation



What we have heard from CMCOs & Case Managers

“We want to be a partner”

“We are different than other providers”

“I need the state to tell my case managers what is expected of them”

“Case managers should be change agents”

“CMCO’s should be held accountable”

“That isn’t what my CMCO has directed us to do”

“We need more training”

Enhance Case Management and System Navigation



What we have heard from Providers

Case managers bringing their own agenda – not considering the person's context

Consistency among the case managers and case management providers of what is due and when it is due.

Sometimes pitting providers against families when not working together with existing resources

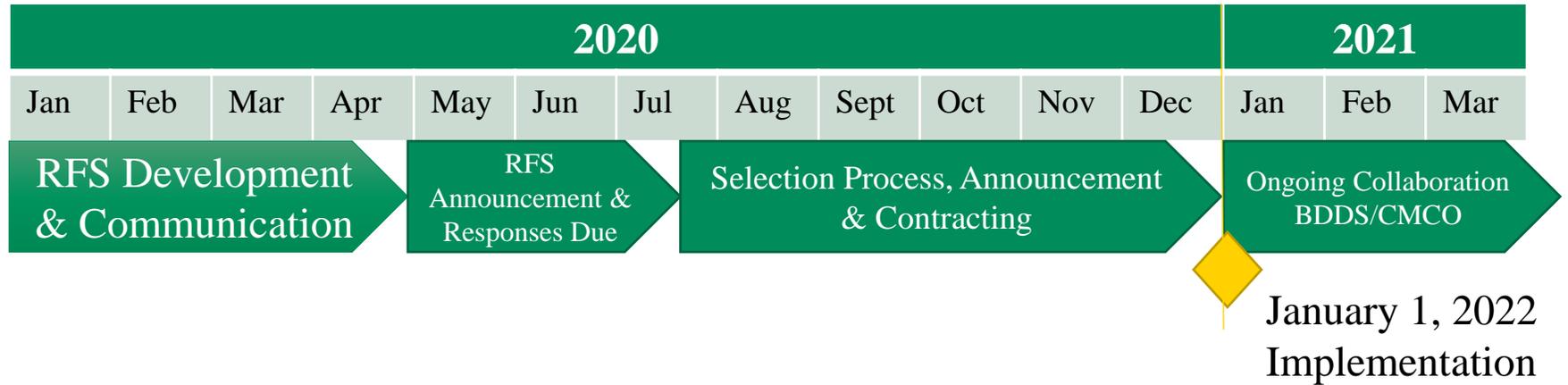
i always loved the conversations around life span case management....so the front door involved getting a case manager that looked at ALL available supports and was not service system dependent

Requiring the case manager to communicate better and have some state oversight on their performance.

Enhance Case Management and System Navigation



Timeline



- Release of RFS – May 4th
- Waiver amendments submitted to CMS – August 1st
- RFS awards published – October 1st
- Contracts signed – December 30th
- Start date – January 1, 2022

*Planned mailed communications throughout this timeline from DDRS directly to individuals and families



Common Questions

How is the b(4) any different than what is in place today? Why is a contract needed?

What will actually change? What will be better?

What other states do this?

How does this impact participant choice of their case manager?



Opportunities for Stakeholder Partnership & Feedback

- Development of individual & family satisfaction survey
- Topics to be included in Case Management Quality Guide
- Waiver Amendments (Tribal Notice & Public Comment)
- Waiver Redesign Reimagined: Plan Moving Forward Release and Summary of Stakeholder Feedback



I/DD Industry Fiscal Update

Tracy Mitchell, Bradley Associates, CPAs

Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency

Tracy Mitchell
Bradley Associates
May 21, 2021

10% Enhanced FMAP for HCBS

Section 9817 of the ARP temporarily increases the FMAP by 10 percentage points for certain Medicaid HCBS expenditures beginning April 1, 2021, and ending March 31, 2022.

In accordance with section 9817(b) of the ARP, states must comply with two program requirements to receive the increased FMAP for HCBS expenditures:

- (1) federal funds attributable to the increased FMAP must be used to supplement existing state funds expended for Medicaid HCBS in effect as of April 1, 2021; and
- (2) states must use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Use of Funds

- States will be permitted to use the state funds equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2024, on activities aligned with the goals of section 9817 of the ARP.
- States may use these funds to pay for additional Medicaid-covered services and, in turn, may be eligible for the increased FMAP on those expenditures one additional time. (State Match)
- States should follow the applicable rules and processes for section 1915(c) waivers, other Medicaid HCBS authorities, including section 1115 demonstrations, and other managed care authorities (as applicable), if they are making changes to an HCBS program and intend to use state funds equivalent to the funds attributable to the increased FMAP to pay the state share of the costs associated with those changes.

Spending Plans and Narratives

- CMS requires participating states to submit both an initial and quarterly HCBS spending plan and narrative to CMS on the activities that the state has implemented and/or intends to implement to enhance, expand, or strengthen HCBS
- The state must submit the initial HCBS spending plan and narrative within 30 days of the release of this guidance.

Initial Spending Plans

- **Initial HCBS Spending Plan Projection:** The initial HCBS spending plan projection should estimate the total amount of funds attributable to the increase in FMAP that the state anticipates claiming between April 1, 2021, and March 31, 2022, as well as the anticipated expenditures for the activities the state intends to implement to enhance, expand, or strengthen HCBS under the state Medicaid program between April 1, 2021, and March 31, 2024. The spending plan projection is the primary place for quantitative information.
- **Initial HCBS Spending Narrative:** The initial HCBS spending narrative is intended to provide information on the state's required ARP section 9817 activities and the connection between the spending plan projection and the scope of the activities. States must provide sufficient detail to demonstrate that the state's activities enhance, expand, or strengthen HCBS under the state Medicaid program. **States should explain how they intend to sustain such activities beyond March 31, 2024.**

Quarterly Spending Plans and Narratives

- States also must submit a quarterly HCBS spending plan and narrative for CMS review and approval.
- States may update their initial spending plan submissions through the quarterly spending plan submissions.
- Updates and/or modifications to the quarterly HCBS spending plan and narrative should be highlighted for ease of CMS review.

State Attestations

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Eligible Services

Eligible Services Include:

- Home Health
- Personal Care Services
- Self-Directed Personal Care Services
- Case Management
- School Based Services
- Rehabilitative Services
- Private Duty Nursing

Eligible Services

Eligible Services Include:

- 1915 (c) services (includes CIH and FSW waivers)
- 1915 (j) – Self Directed 1912 (c) services
- 1915 (k) – Community First Choice
- PACE programs
- MLTSS

Eligible Activities

Eligible Activities Include:

- New and/or Additional HCBS
- Payment Rates – “CMS expects that the agency, organization, beneficiary, or other individuals that receive payment under such an increased rate will increase the compensation it pays its home health workers or direct support professionals. “
- Additional paid leave benefits
- Specialized Payments – Hazard pay, overtime and shift differential
- PPE

Eligible Activities

Eligible Activities Include:

- Workforce recruitment
- Workforce Training
- Supports for Family Caregivers
- Assistive Technology and other supports
- One-Time Community Transition Costs
- Transition Coordination
- Outreach including education materials and language assistance

Eligible State Activities

Eligible State Activities Include:

- New and/or Additional HCBS
- Build No Wrong Door Systems
- Strengthening Assessment and Person-Centered Planning Practices
- Quality Improvement Activities
- Developing Cross- System Partnerships
- Training and Respite
- Eligibility systems

Eligible State Activities

Eligible State Activities Include:

- Reducing eliminating HCBS waiting lists
- Institutional diversion
- Community Transition
- Expanding Provider Capacity
- Addressing Social Determinants of Health disparities
- Employing Cross-system Data Integration Efforts
- Expanding Use of Technology and Telehealth

Eligible State Activities

Eligible State Activities Include:

- Providing access to additional equipment or devices
- Adopting enhanced care coordination

Eligible State Activities

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- Providing access to additional equipment or devices
- Adopting enhanced care coordination



Association Update

Nanette Hagedorn, INARF

“COVID-19 will forever change the way we host events.” and INARF is committed not to lose sight of our success in adapting and embracing the virtual event world.

<u>Event</u>	<u>Current Format</u>	<u>New Format to Begin...</u>
Member Forum	Virtual	August - Return to Hybrid
Board Meetings*	Virtual	August - Return to Hybrid
Stand-Alone Trainings	Virtual	August - Remain Virtual for content 3 hrs. or less; Return to In-Person for content greater than 3 hrs.
Conference for DSPs		September – Change to Virtual Only
Annual Conference		October - In-Person Only
PIS Meetings	Virtual	January - Return to Hybrid
Leadership Academy	In-Person	March - In-Person

INARF 2021 ANNUAL CONFERENCE

- ✓ Mar. 16 Exhibitor/Artisan/Sponsor Opportunities Open
- ✓ May 3 Annual Awards - Call for Nominations **Closes June 2**
- ☐ June 7 Attendee Registration Opens
- ☐ Oct. 5 Pre-Conference Leadership Symposium
- ☐ Oct. 6-7 Annual Conference

Learn more at www.inarf.org/2021_annual_conference

Resilience ReseT →





Industry Update

John Barth, Katy Stafford-Cunningham, and Phillip Parnell, INARF

Appendix K Flexibilities – Federal PHE vs. State PHE

- DDRS continues to operate under Appendix K flexibilities which were implemented due to the pandemic.
- DDRS Appendix K flexibilities are based on both state and federal Public Health Emergency declarations
- On a federal level, the Biden administration has signaled its intent to continue the PHE through 2021
- Gov. Holcomb's Executive Order 21-11 has extended the current state PHE through May 31
- If or when the state public health emergency ends, appendix K flexibilities that could be affected include:
 - Staff training requirements
 - Criminal background check timelines
 - Telehealth

- BDDS COVID Positive Cases – as of 5/17/21
 - CIH: 1428
 - FSW: 1015
 - SGL: 842
 - Total Cases: 3,285
 - Total COVID Related Deaths: 56
- Total number of Staff COVID Positive Cases
 - CIH: 1385
 - SGL: 624
 - Total COVID Related Deaths: 5

National Core Indicators

- On behalf of BQIS, the Indiana Institute on Disability and Community (IIDC) at Indiana University is reaching out to individuals to facilitate the National Core Indicator surveys

Budget Modification Requests

- For BMRs that are submitted consecutively for a loss of housemate, appropriate and updated documentation for every subsequent BMR—including a progress update in regards to resolving the need for future BMRs—must be provided
- The individual's choice to move to either the RHS Hourly or RHS Daily rate must be documented in a JIRA ticket when a request is made. [Updated BMR Guidance is available here](#)
- There is a temporary [Appendix K](#) allowance to submit BMRs 60 days following the status date change.

Group Home Therapeutic Leave Day Flexibilities - [IHCP Bulletin 2021 20](#)

- In response to the COVID-19 pandemic, the BDDS has obtained a waiver to temporarily modify the limit of therapeutic leave for ICFs/IID.
- The therapeutic leave limit is being extended from the previously announced 120 calendar days to a maximum of 180 calendar days for ICF/IID services.
- **The waiver is retroactively effective beginning March 19, 2020, and continues through December 31, 2020. For claims with dates of service (DOS) on or after January 1, 2021, the limit returns to 60 days.**
- Claim details that denied for EOB 6068 – *Exceeds allowable therapeutic leave days for ICF/IID patients under the Indiana Health Coverage Programs* during this time will be reprocessed.
- INARF has requested that Cathy Robinson share additional information regarding this announcement during today's INARF Member Forum

Governor Eric J. Holcomb announced on May 17 that Indiana will end its participation in all federally funded pandemic unemployment insurance programs effective **June 19, 2021**. The programs that will end are:

- Federal Pandemic Unemployment Compensation (FPUC), which provides a \$300 weekly add-on to recipients of unemployment insurance
- Pandemic Emergency Unemployment Compensation (PEUC), which provides recipients extended benefits after their traditional 26 weeks of unemployment insurance benefits have been exhausted
- Pandemic Unemployment Assistance (PUA), which provides benefits to individuals who do not normally qualify for unemployment benefits, such as self-employed, gig workers, and independent contractors
- Mixed Earner Unemployment Compensation (MEUC), which provides a \$100 additional weekly benefit for individuals who are eligible for regular unemployment benefits but also earned at least \$5,000 in self-employment income

Interim Final Rule – COVID-19 Vaccine Immunization Requirements for Residents and Staff

- State has received guidance that this rule only applies to nursing homes
- CMS does intend to address the new requirements that pertain ICF/IIDs through a separate memo which will be released in the near future
- Upon receiving that guidance, the State plans to meet with IDOH

- BDDS is reviewing and working on guidance to share related to the CDC mask guidelines
- If there are specific concerns which you would like BDDS to consider as part of their work, please forward those to Katy@inarf.org.

Poll Time!!!



- El Hub
 - Collecting suggestions and feedback to pass to First Steps staff and for future discussion topics at Child and Family section meetings
- COVID-19 Policies
 - Will end on Wednesday, June 30, 2021
- **Interim** Teleintervention Policy starting July 1, 2021
 - IFSPs developed or reviewed on or after July 1 must comply with the interim policy
 - The IFSP and the service logging module must document the teleintervention method including justification
 - The method and justification must also be documented in IFSP Meeting Minutes until further notice

- **Interim** Teleintervention Policy starting July 1, 2021
 - Mixed methods may be used to deliver services
 - Parents/Caregivers signature on the IFSP or IFSP change page serves as their consent to for the teleintervention service delivery method
 - Providers must include the following in documentation related to teleintervention:
 - Parent/Caregiver signature on all service logs or an email or text message to the parent/caregiver that asks them to confirm that the session occurred at the listed date, start time, and end time
 - Provider must write “see documentation in the parent/caregiver signature filed of the service log and upload the response as documentation

- **Interim** Teleintervention Policy starting July 1, 2021
 - Telephone/audio is not considered teleintervention and is not permissible
 - Teleintervention is not permissible for assistant-level providers (OTA, PTA, etc.)
 - Teleintervention services include evaluations, assessments, service coordination, and family and training and counseling services (CPT T1027)
 - Assistant-level providers can deliver family training and counseling services (CPT T1027) via teleintervention

- General Assembly will be returning in the fall to exclusively discuss redistricting
- They typically do this during the regular session, however the Census reports were delayed due to COVID
- We are hearing they will convene in late September or early October

Your contributions to the INARF PAC are a critical part of INARF's legislative advocacy efforts. They are used to support elected officials who serve as champions of the provider community. Please consider supporting the INARF PAC today.

For more information and to contribute, visit: www.INARF.org/INARF-PAC



Professional Interest Section Meetings / Professional Development:

- June 15 - INARF DSP Series Webinar: Managing Stress and Rising Above the Chaos
- July 8 - Business & Industry / CAIO (10 AM-Noon)
- August 3 - Community Supports (10 AM-Noon) / Employment Supports (12:30-2:30 PM)

Upcoming Member Forum and Board of Directors Meetings:

- June 25 - Board of Directors Meeting and Board Retreat / *Board Only, No Member Forum*
- July 23 - Member Forum / Board of Directors Meeting

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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Thank you!

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