



Member Forum

August 28, 2020

- Welcome and Introductions – Rick Adams, Chair
- Special Guest Speakers:
 - Allison Taylor, Indiana Medicaid Director; and
 - Michael Cook, OMPP Director, Provider Relations
 - Joined for Q&A: Kylee Hope and Kim Opsahl
- INARF Update – John Barth, Katy Stafford-Cunningham, Nanette Hagedorn, Sarah Chestnut, and Phillip Parnell



Upcoming Member Forums

The September Board meeting and Member Forum will be held Friday, September 25 via GoToWebinar.

10-11:30 AM Member Forum

11:30 AM - 12:30 PM Board Meeting

Indiana Medicaid Updates

**Allison Taylor,
Indiana Medicaid Director; and
Michael Cook, OMPP Director,
Provider Relations**

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning

2020



SFY 20 Waiver Data



Waiver & Group Home

Enrollment & Expenditures (SFY 2020 Data)

	Current Enrollment	Waiver or Group Home Expenditures	State Plan Expenditures	Total Expenditures
Family Supports Waiver	21,941	\$ 172,427,511.19	\$ 227,301,944.49	\$ 399,729,455.68
Community Integration & Habilitation Waiver	9,484	\$ 699,710,134.90	\$ 90,160,406.53	\$ 789,870,541.43
ICF/IID Group Homes	3,305	\$ 277,166,087.68	\$ 21,816,673.48	\$ 298,982,761.16

For reference: FSSA Data & Analytics
Request # 25546

Electronic Visit Verification (EVV)



Policy Updates

- September 2020:
 - Client signature **is now** optional
 - Caregiver email address will be optional (for users of alternative EVV vendors)
 - EVV code set finalized (**final system changes to be finished by end of 2020**)

Open Policy Items

- Sandata email communications
- Alternative vendor testing process
- Sandata “live chat” functionality
- Alternative EVV vendor implementation date

Direct Communication Effort

- June 2020 – new implementation guide created
- August 2020 – phone calls to all impacted provider agencies
- Fall 2020 – town hall webinars and any other provider association meetings
 - Will be scheduled monthly

Implementation Guide

EVV

Electronic Visit Verification Preparation

COMPLIANCE DATE: January 1, 2021

Failure to comply with this requirement will result in claims payment disruption.

What is EVV?

The 21st Century Cures Act directs state Medicaid programs to require providers of personal care services to use an "electronic visit verification" system to document services rendered. Federal law requires that providers use the EVV system to document the following information:

- » Date of service
- » Location of service
- » Individual providing service
- » Type of service
- » Individual receiving service
- » Time the service begins and ends

Providers may choose between two technology options to use for Electronic Visit Verification:

Sandata (State-Sponsored EVV Solution)	This is available to all personal care service providers at no cost to the provider. This solution meets the federal requirements but does not provide additional functionality.
Alternative EVV Solution	Providers may also use any other vendor that has integrated in Indiana with the Sandata solution. Alternative vendors may provide additional functionality to providers.

Available resources

[Electronic Visit Verification](#): This webpage provides all of the latest IHCP policy guidance on EVV implementation as well as helpful information for both Sandata and alternative EVV vendor users.

[Electronic Visit Verification Training](#): This webpage contains all of the educational reference material for Sandata users.

How to prepare for implementation

For providers using Sandata (State-Sponsored EVV Solution)

Step 1: Complete the Sandata training
Providers can complete this training using two methods currently:

- » Self-paced online training
- » Instructor-led webinar training session

For instructions on accessing the self-paced training (or to sign up for an instructor-led webinar training session), go to the [EVV Training Registration Quick Reference Guide](#).

Step 2: Receive your login credentials
Once providers have completed the training, they will need to email their certificate of completion to INXXXEVV@idnc.com to receive their agency's Sandata login credentials.

Step 3: Enter your employee and client information
Each employee will have his or her own login information for the Sandata system. The agency will want to create logins for each employee as well as insert information about the agency's clients receiving personal care services.

Step 4: Provide employees with appropriate devices
If the agency is planning to use mobile visit verification using Sandata Mobile Connect, it will want to ensure its employees have access to a smart device. Providers can use either Android or Apple devices. Otherwise, employees should be trained to use telephonic visit verification.

Step 5: Prepare your direct care workers
The agency will want to ensure that their direct care workers have had individual training on capturing visits either through the Sandata Mobile Connect application or through telephonic visit verification.

For providers using an alternative EVV vendor

Step 1: Send an email to EVV@fssa.in.gov
The agency will want to include the agency's name and contact information along with the alternative vendor's name and contact information. This will allow FSSA to determine if the vendor has previously integrated with Sandata in Indiana. If the vendor has not previously integrated, it will be required to pay a one-time fee.

Step 2: Request testing credentials from INALEVV@sandata.com
Once Sandata has informed the alternative vendor that they are ready to begin testing, the provider agency should request testing credentials for the vendor. These credentials should be provided to the vendor.

Step 3: Work with the vendor to complete the testing process
With the testing credentials, the vendor will prepare a test file that will be submitted to Sandata for approval. The provider agency will need to stay in contact with the vendor during this process. Be sure to have the vendor submit a notification to INALEVV@sandata.com or [855-705-2407](tel:855-705-2407) once the test files have been submitted to Sandata for review.

Step 4: Complete the self-paced training
While the vendor is testing, the provider agency should complete a brief training on the usage and functionality of the Sandata Aggregator.

Step 5: Request production credentials
With training complete, and once testing has been confirmed, provider agencies will request production credentials that will be used to log into the Sandata Aggregator.

Contact us by phone at **800-457-4584, option 5** or by email at evv@fssa.in.gov

Office of Medicaid Policy & Planning

Family & Social Services Administration
402 W. Washington St., Room W374
Indianapolis, IN 46204

May 29, 2020 3:54 pm | 5828

EVV Implementation Guide

- Provides key requirements
- Provides step by step guide for implementation
- Provides contact information for questions or issues

AVAILABLE ON THE INDIANA MEDICAID EVV WEBPAGE

Overall Readiness

As of July 2020

- Sandata users – 151 agencies completed training
- Alternative EVV vendor users:
 - 47 have production credentials
 - 31 have completed testing but not moved to production

EVV impacts over 900 enrolled locations, so considerable provider readiness is still necessary!

COVID-19 Response



Presentation Overview

- 1 Authorities
- 2 General Policy Modifications
- 3 By the Numbers



Authorities in Use

1135 Waiver

1915(c) Appendix K

Disaster Relief State Plan Amendments

Traditional & CHIP State Plans

1115 Emergency Demonstration Waiver



Overall Policy Updates



Expanded telemedicine capabilities



Suspended cost-sharing for members



Extended timely filing periods for managed care



Delayed eligibility redeterminations



Paused termination of benefits for members (exceptions: moving out of state, request to cancel, or death)



Modified prior authorization components across several categories (transportation, home health, inpatient, durable medical equipment)



Added coverage of numerous codes related to COVID-19



Health inpatient refills, pain medicine prescription via telemedicine, removed signature requirement, early refills, suspended copays

Provider Relations Efforts

- Have released over 40 COVID-19 specific provider bulletins during our COVID-19 response
- Held five COVID-19 webinars and at least one every month
- Released multiple COVID-19 FAQ documents

IHCP COVID-19 Response: IHCP revises Medicaid policies

In response to the coronavirus disease 2019 (COVID-19) public health emergency, the Indiana Health Coverage Programs (IHCP) has made some policy and program changes to help ensure members in our managed care programs – Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise – as well as our Traditional Medicaid members are able to maintain continuous coverage in this critical time.

IHCP COVID-19 Response: IHCP provides coding guidance for COVID-19

IHCP COVID-19 Response: Temporary changes allowed for signature requirements

IHCP COVID-19 Response: IHCP responds to telemedicine FAQs as of April 1, 2020

IHCP COVID-19 Response: IHCP revises policies for certain behavioral health services

IHCP COVID-19 Response: Facility fees, modifier GT usage, and HCBS clarified for telemedicine billing

IHCP COVID-19 Response: IHCP announces temporary provider enrollment recertification change

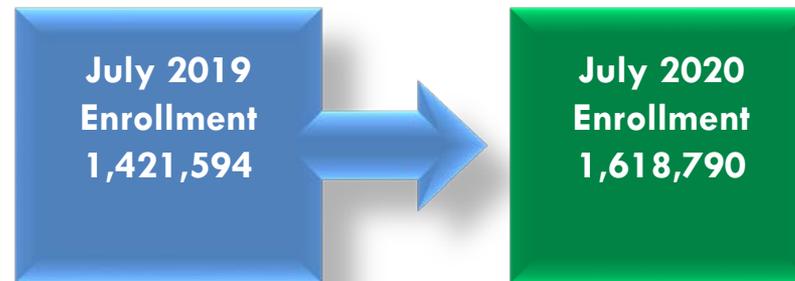
IHCP COVID-19 Response: IHCP revises home health prior authorization and telemedicine policies

Effective for dates of service on or after April 8, 2020, and through the duration of the public health emergency for coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) is temporarily revising home health policies regarding prior authorization (PA) and telemedicine. Home health services may be approved for a period of up to 180 days. This policy change applies to Traditional Medicaid (fee-for-service) and all managed care benefit programs. All services provided must be medically necessary and documentation must be maintained by the provider.



Impact on Member Enrollment

No closures have led to an increase in enrollment.



Looking more broadly, there has been an increase of 197,196 members from 2019-2020.

However, FSSA has not seen an increase in Medicaid applications—most of the increase is due to lack of closures.



Other Updates



Other Updates

- Group home rate setting
- HCBS rate methodology



Questions?

[Allison Taylor](#)

Indiana Medicaid Director

[Michael Cook](#)

Director, Provider Services





INARF Updates

Introducing...

INARF Leadership Academy: Class of 2021

Alyx Bates, Cardinal Services, Inc.
Ashley Bisher, Wabash Center, Inc.
Tierre Clark, LEL Home Services, LLC
Kevin Evans, Abilities Services, Inc.
LaDonna Everroad, Sycamore Services, Inc.
Brandi Foreman, Carey Services, Inc.
Robert (Keith) Fox, Easterseals Crossroads
Kristy Hayes, Village of Merici
Kimberly Hill, ResCare, Inc.
Kyle Keller, Developmental Services, Inc.
Kara Kimes, Advocacy Links, LLC

Abbie McIntrye, Janus Developmental Services, Inc.
Tony Palmer, Noble
Toni Richards, Corvilla, Inc.
Ken Rose, New Hope of Indiana
Karlie Shaw, The Arc of Greater Boone County
Laura Shelley, IPMG, Inc.
Mark Slaughter, ResCare, Inc.
Heather Sorrells, IPMG, Inc.
Nicholas Stellema, Insights Consulting, Inc.
Kendel Tilton, Noble

2020 Conference Virtual Training Series

Schedule -

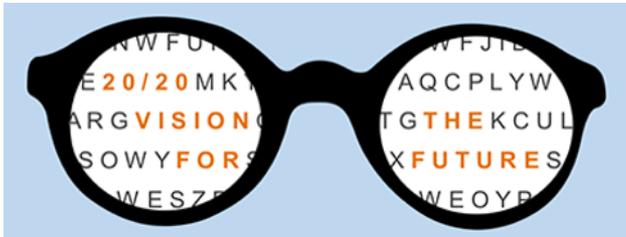
September 9

September 23

October 7

October 21 (*Brought to you by: [Meridian Health Services](#)*)

- ✓ Sixteen Sessions, 20 hours of educational content;
- ✓ 100% online via GoToWebinar! Accessible virtually using your laptop, tablet or cell phone; and
- ✓ Due to the generosity of the Virtual Training Series Sponsors, this INARF members-only benefit is presented to the entire INARF membership at no cost.



Register Today: <https://web.inarf.org//events/INARF-20-20-Conference-Virtual-Training-Series-Day-1-1728/details>

Annual Membership Renewal Campaign

The Process –

- ❑ September 28 – CEO and Finance Director to receive pre-populated Renewal Commitment Form (Email)
- ❑ **October 16** – Renewal Commitments are Due
- ❑ October 23 – INARF Member Forum will include a drawing for an INARF Annual Conference Package for all timely renewal commitments. The package includes 1-Full Annual Conference Registration (\$279 value), and 1-Overnight Hotel Reservation at the Embassy Suites by Hilton Noblesville (\$147+).

Get prepared: Begin gathering your revenue from your most recent fiscal year in advance!



- Pat Cockrum, Executive Director/CEO, Sycamore Services, Inc.

- Kristy Hayes, Director of Services, Village of Merici, Inc.

Reminder: 126 days until full compliance deadline

Client signature and voice recording

- Client signature and voice recording requirement are now optional

Caregiver's email address

- IHCP will make the caregiver's email address field optional for users of an alternative EVV vendor solution effective September 4, 2020.
- For users of the Sandata solution, the caregiver's email address will continue to be a required entry in the Sandata EVV portal for using the Sandata Mobile Connect (SMC) application.
 - INARF recommended that Sandata identify a way to target emails – one tier regarding all updates for Admin, another tier regarding Sandata system user experience changes for DSPs

[IHCP webinar for personal care and home health providers about EVV implementation, August 20, 2020](#)

- House passed HR 8015, the Delivering For America Act, which appropriates additional funding for the Postal Service and rolls back certain operational changes
- The Senate has released a [trimmed-down version](#) of the HEALS Act
- What is included?
 - liability protections for businesses, which would include health care workers
 - extension of the federal unemployment benefit but at reduced levels
 - more funding for the Paycheck Protection Program
 - \$10 billion for the U.S. Postal Service.”
- Democrats want to see funding for states and local governments and \$25 billion for USPS
- House Speaker Nancy Pelosi (D-CA) has said Democrats are willing to cut their own bill in half to see a compromise, which would reportedly include the same elements as the earlier \$3 trillion-plus package but end the relief earlier.

CDC COVID-19 Guidance

- Continue to check their webpages for updated guidance
- Updated [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings](#) for patients with severe to critical illness or who are severely immunocompromised
- [Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection for HCP](#) with severe to critical illness or who are severely immunocompromised

Updated ISDH Guidance based on CDC Updates

- [COVID-19 Toolkit for LTCFs \(ISDH\)](#) (Updated 8/24/20)
- [COVID-19 LTC Facility Infection Control Guidance SOP \(ISDH\)](#) (updated 8/24/20)



Policy Updates

DDRS Day Services Sustainability Grants

Fourth and Final Round		
June 2020 or July 2020 (based on providers initial election)	Opens on: August 24, 2020 Closes on: September 18, 2020 at 6 p.m.	September 25, 2020

Grant Cycle	# of Providers
First Round	64
Second Round	64
Third Round	54

- 27 survey responses
- As of 6/30/2020, respondents reported an average of 118 days of operating cash on hand, including investments
Range: 10 to 286 days
- Respondents reported that they expensed an average of \$998,806 as part of a Paycheck Protection Program loan their organization received
Range: \$9,875 to \$2.5 million
- The average available line of credit amount was \$2.78 million
Range: \$120,000 to \$36 million
- 21 applied for the Paycheck Protection Program and 6 were not eligible
 - All 21 of the respondents that applied for the program received funding
 - 6 respondents received between \$350,000 and \$999,999
 - 15 respondents received between \$1 million and \$4.9 million
- 24 applied/intended to apply for Federal Provider Relief Funds



INARF Financial Impact Survey Initial Data

	March	April	May	June
Average COVID-19 expenses	\$15,300	\$18,650	\$20,697	\$19,172
Average Lost Client Services Revenue due to COVID-19	\$107,742	\$227,775	\$207,848	\$153,088
COVID-19 Revenue Loss as a percentage of all typical revenue	11%	24%	21%	14%

	March	April	May	June
Average additional staffing costs for direct care due to COVID-19	\$41,574	\$54,256	\$90,730	\$66,219
Average additional staffing costs for indirect care due to COVID-19	\$5,669	\$8,139	\$15,375	\$6,717

Appendix K

- Proposed end date - 12/31/20
- Telemedicine flexibility to remain
- Anticipated changes:
 - Criminal history check language – provider must have initiated check prior to hiring
 - Parent caregivers of minors and situation-specific language
 - Reverification process to resume
 - Enrollment of new providers to resume
 - Sleep staff language

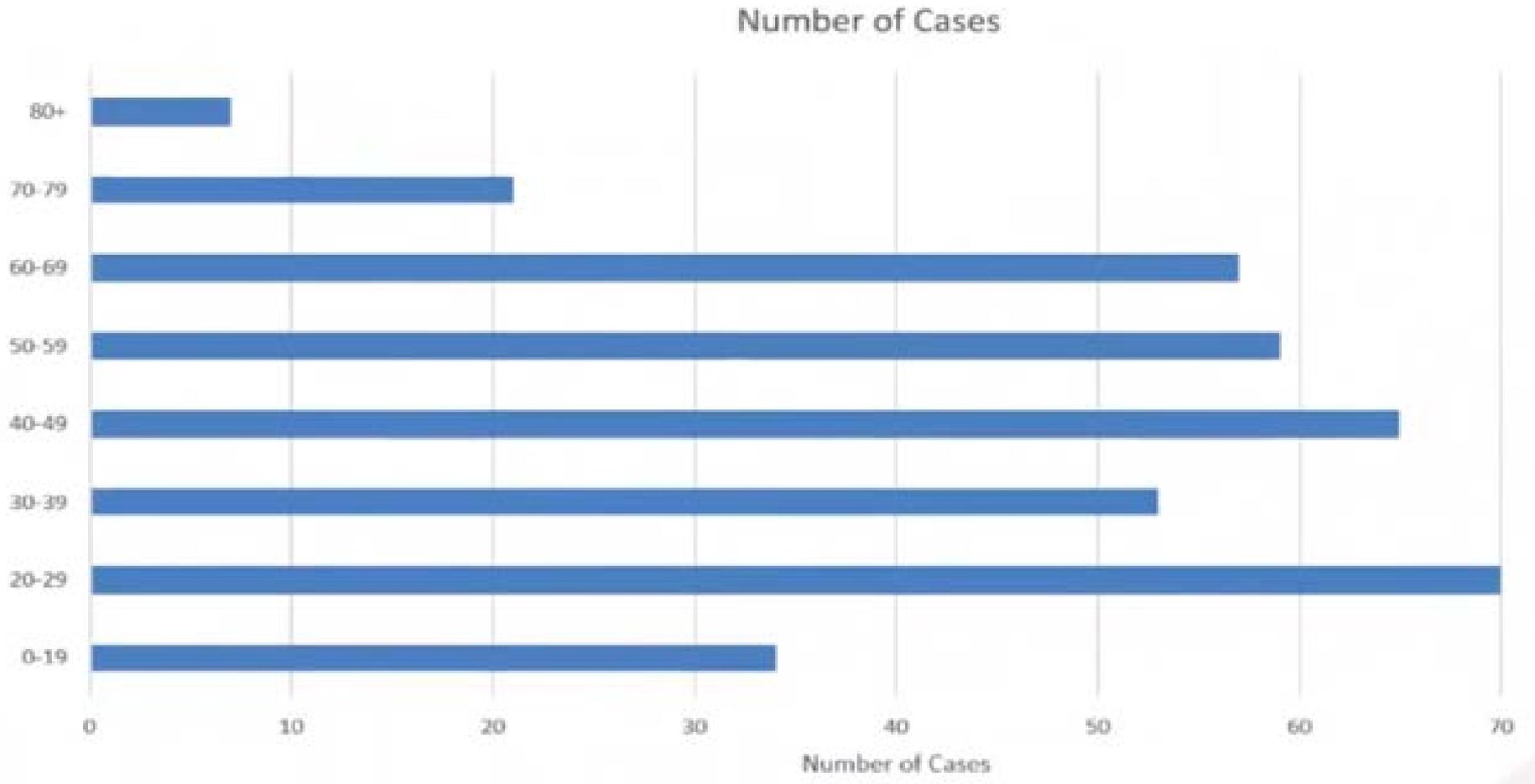
Current COVID-19 Incidence Data (Individuals and Staff)

As of August 24:

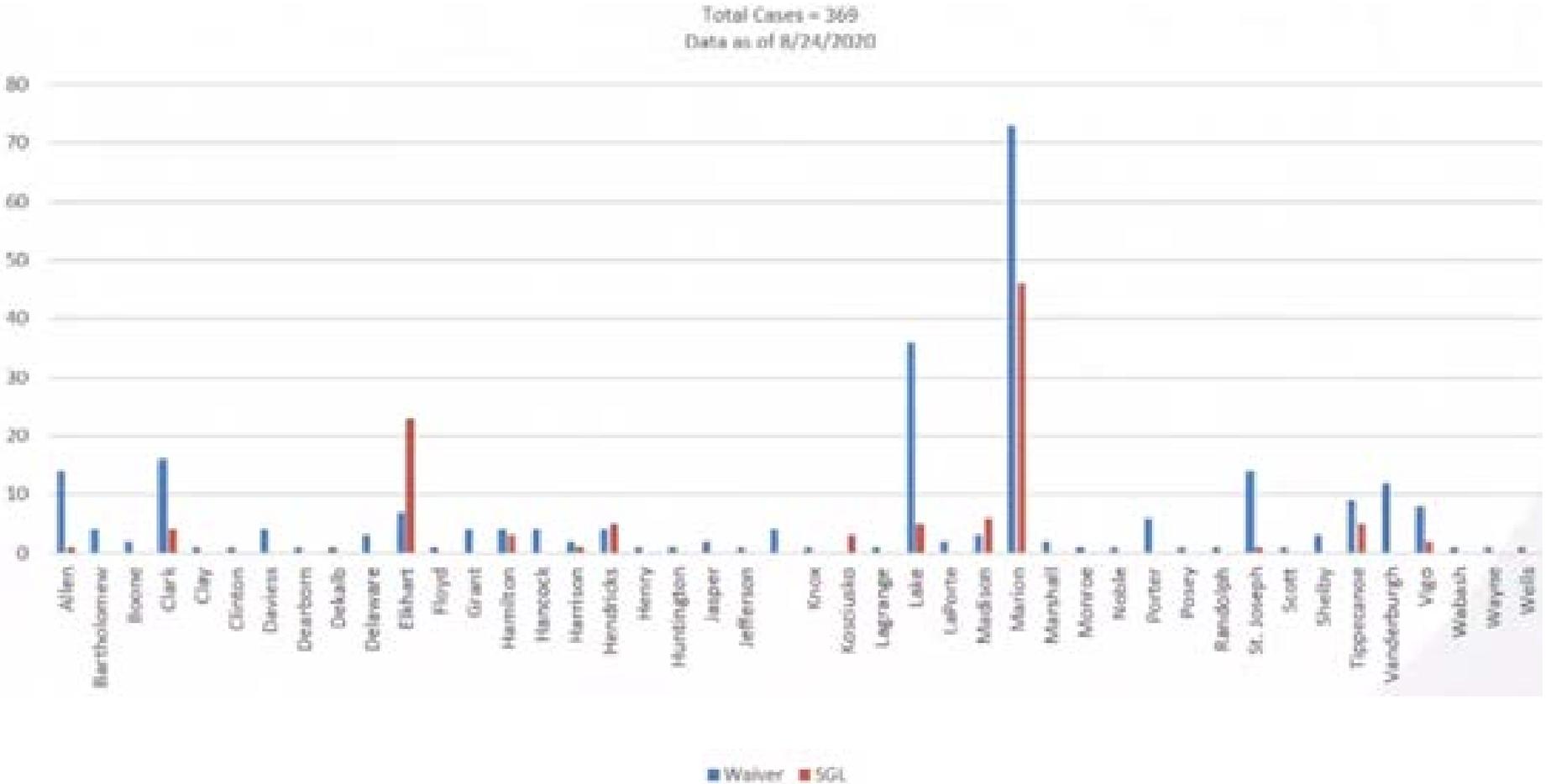
- Reported positive cases of individuals supported: 369
 - 105 SGL, 264 Waiver
- Reported deaths of individuals supported: 15

- Reported staff positives: 364
- Reported staff deaths: 4 deaths – 1 SGL, 3 waiver

Age among Unique Positive Cases



Positive Individual Cases by County and Funding Type



COVID-19 Impact on VR Participants Questionnaire

- As of August 24, 744 questionnaires returned
 - 15% laid off
 - 40% furloughed
 - 2% working remotely
 - 4% terminated – not COVID-related
 - 11% quit
- 33% No interruption
66% Some interruption

VR Training Needs Assessment Survey

- 225 staff from VR employment service provider agencies responded
- Top training needs reported:
 - Serving individuals with mental health diagnosis
 - Virtual service delivery
 - Transitioning individuals out of subminimum wage employment
- Public Consulting Group is contracted with VR to provide training to VR employment service providers
 - Classroom or webinar based training
 - Coaching network

Core A/B Curriculum Updates

- BDDS [released](#) the revised 'Medication Administration Curriculum; Core A and Core B,' titled: '[Indiana Direct Support Professional Training: Core A and Core B, Curriculum 2020.](#)'
- Beginning January 1, 2021, provider agencies should begin training new DSPs in both Group Home and Supported Living sites using the new curriculum and testing materials. DSPs certified through the previous curriculum are not required to be recertified in the new curriculum by that date. Rather, provider agencies can choose when to have their current employees trained on the 2020 curriculum.
- Certified licensed nurse trainers must become recertified by attending a Train the Trainer Curriculum 2020 session currently being offered remotely by BDDS.
[Register for one of the trainings:](#) October 16, November 6, or December 4
- Following the certification of their nurse in the new curriculum, each provider agency will send a request on company letterhead to [Celia Bartel](#), requesting the testing materials.
- Providers may deliver Core A and Core B trainings using online using videos as a virtual option to in-person training. However, **the portion of the training involving return medication administration demonstration of an oral/liquid (and any other route) to the nurse should always be in person.**

August 19 - Deep dive into use of restraints

All Funding Sources Incident Type	2019: Q3			2019: Q4			2020: Q1			All Quarters		
	Freq	%	Rank	Freq	%	Rank	Freq	%	Rank	Freq	%	Rank
Medical Condition, Change in / Decline	2,465	15%	1	2,480	17%	1	2472	17%	1	37,525	13%	1
Aggression to housemate/peer	1,574	10%	3	1,294	9%	3	1334	9%	3	30,255	11%	2
Medication Error, missed medication, not given	2,032	13%	2	2,062	14%	2	1911	13%	2	27,791	10%	3
Fall	1,450	9%	4	1,177	8%	4	1082	8%	4	20,164	7%	4
Restraint, Manual / Physical Restraint Technique - Behavioral Purposes	932	6%	6	807	6%	6	846	6%	6	16,795	6%	5
Alleged Neglect	1,040	6%	5	943	7%	5	956	7%	5	16,570	6%	6
Medication Error(s), Wrong Dose	362	2%	12	299	2%	12	307	2%	13	15,058	5%	7
PRN Medication - Behavioral Purposes	913	6%	7	773	5%	7	754	5%	7	14,458	5%	8
Elopement – Evasion of required supervision as described in ISP as necessary	789	5%	8	513	4%	8	547	4%	8	11,324	4%	9
Injury of unknown origin	568	4%	9	502	3%	9	450	3%	9	8,395	3%	10
Medication refusal	7	0%	47	2	<1%	55	1	<1%	55	8,131	3%	11
Alleged Abuse, Emotional/Verbal	375	2%	11	337	2%	11	382	3%	10	7,428	3%	12
Seizure	376	2%	10	403	3%	10	321	2%	11	7,006	2%	13
Financial Concerns	0	0%	58	0	0%	60	0	0%	58	6,142	2%	14
Peer to peer aggression	285	2%	15	258	2%	14	328	2%	11	6,124	2%	15
Alleged Abuse, Physical	287	2%	14	261	2%	13	220	2%	17	5,716	2%	16
Self-Injurious Behavior	269	2%	16	229	2%	16	221	2%	16	4,974	2%	17
Alleged Exploitation, Financial	324	2%	13	240	2%	15	295	2%	14	4,896	2%	18
Injury of known origin	218	1%	17	154	1%	18	161	1%	18	3,554	1%	19
Other	138	1%	23	94	1%	25	82	1%	26	3,512	1%	20

Funding Source	# of Restraints (Physical/Manual)	% of Restraint IRs	# of Individuals w/ Restraint IR	% of Total population	Total Population
FS WVR (formerly SSW)	82	5%	43	0%	21271
CIH WVR (formerly DD)	249	15%	81	0%	9213
SGL	379	23%	134	1%	3081
CRMNF	940	57%	48	0%	55
Grand Total	1650		306	1%	33620

Funding Source	Apparent Cause			# of Individuals w/ Restraint IR	# of Restraints (Physical/Manual)
	Family / Guardian	Other Person, Community	Staff		
FS WVR (formerly SSW)	43	14	25	43	82
CIH WVR (formerly DD)	9	0	240	81	249
SGL	1	1	377	134	379
CRMNF	0	0	940	48	940
Grand Total	53	15	1582	306	1650

Timeframe: 1/1/20-6/30/20

Funding Source	# of PRN-Behavioral	% of PRN IRs	# of Individuals w/ PRN IR	% of Total population	Total Population
FS WVR (formerly SSW)	171	12%	59	0%	21271
CIH WVR (formerly DD)	596	41%	144	1%	9213
SGL	218	15%	48	0%	3081
CRMNF	455	32%	43	0%	55
Grand Total	1440		294	1%	33620

Timeframe: 1/1/20-6/30/20



Thank You INARF PAC Contributors!

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- Melissa Walden
- Allison Wharry
- Barbara Young
- BrightSpring Health Services
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