BDS Provider and Case Manager Webinar

November 21, 2024

Provider & CM Monthly Webinar Agenda – November 2024

- Updates for all Providers
- Updates for HW/TBI Waiver Providers
- Updates for CIH/FSW Waiver Providers
- October Webinar Questions
- Future Webinar Topics Invitation

Provider Updates:
All Providers

Incident Reporting

As a reminder, any report of alleged, suspected, or actual Abuse, Neglect, Exploitation, or other incident deemed critical, requires APS/CPS notification. Additionally, involved staff MUST be suspended pending the provider's investigation.

Reference: 455 IAC 2-8-2 or 460 IAC 6-9-5

HCBS Settings Rule

The HCBS settings rule was developed to ensure that individuals using waiver services have the same rights in their home and access to the greater community as individuals who do not have waiver services. **ANYTHING** that limits this, would be a modification or restriction.

Some things to consider when determining if something is a restriction:

- Does the individual come and go anytime they want?
- If the individual wants to work, is there activity to ensure the option is pursued?
- Does the individual's schedule vary from others in the same setting?
- Does the individual have as much "alone time" as they want?

****remember, staffing can be considered a restriction/modification**

Nursing Facility Admissions

- Waiver services can not be provided during a nursing facility admission.
- Waiver benefit plans are terminated in CoreMMIS upon a nursing facility admission.
- Teams need to communicate regarding a nursing facility admission.
- Case managers will restart the waiver upon nursing facility discharge.

Medicaid Home Health Services

Home health services are available to anyone who receives Medicaid and has a medical need for these services.

Home Health services are intended to provide relief to the primary caregiver (paid or unpaid). To be eligible for Home Health services (both Nursing and Home Health Aide), an individual's primary caregiver must be unavailable to provide care for one or more reasons.

The primary caregiver cannot be unavailable so that the individual is eligible for Home Health services, while also being paid to deliver those same services

Utilization of Services

It is important for all providers to communicate with case managers on the individual's utilization of services.

This prevents a duplication and/or over-utilization in services which minimizes the risk of claims being denied.

This also ensures the individual has access to their approved services at the time and location intended.

Provider Updates:
H/W and TBI Providers

National Core Indicators
State of the Workforce AD Survey

Survey responses are due November 30th!

Contact A'mariah Brown (amariah.brown@fssa.in.gov) if you need assistance.

Accessing FSW, Priority Criteria: Loss of NFLOC

Criteria for access includes:

- An individual is actively receiving services through the H&W Waiver
- Division of Aging (DA) determined individual no longer meets NFLOC
- Individual meets I/DD LOC

H&W Case Manager
Role & Responsibilities

- Submit all NF LOC recommendations 90 days prior to the Annual Service Plan end date to the Division of Aging (DA).
- DA will coordinate with the H&W CM if NFLOC is no longer met with possible access to FSW via priority criteria.
- Have a conversation with the individual about DA determination of no longer meeting NFLOC.
- Inform individual about the opportunity to apply for the FSW via priority criteria.

H&W Case Manager Role & Responsibilities (cont'd)

- If individual agrees to the FSW priority criteria screening, the H&W CM will continue to be available for support while the H&W Service Plan continues to remain active during this time.
- H&W CM must not terminate or submit any new Service Plan until the ICF/IID LOC is determined.
- If the Service Plan goes into extension, the H&W CM is expected to be available for any support or coordination until BDS provides guidance.

Traumatic Brain Injury (TBI) Waiver Eligibility

- TBI Waiver offers two (2) types of eligibility criteria - Nursing Facility Level of Care (NFLOC) and Intermediate Care Facility (ICF\IID)
- The Division of Aging (DA) will review the eligibility for TBI beginning with NFLOC. If DA determines NFLOC is met, then no further eligibility is required for the TBI Waiver.
- If DA determines NFLOC is NOT met, then further coordination will be necessary to ensure TBI Waiver eligibility requirements are met.

TBI Case Manager
Role & Responsibilities

- Submit all NFLOC recommendations 90 days prior to the Annual Service Plan end date to the Division of Aging (DA).
- Division of Aging will coordinate with the TBI CM if NFLOC is no longer met with guidance from BDS about completing ICF LOC to ensure eligibility requirements for the TBI Waiver.
- Have a conversation with the individual about DA determination of no longer meeting NFLOC. There is an opportunity to have BDS complete an actual ICF\IID LOC screening that is now required effective 7/1/24 to ensure eligibility for the TBI Waiver.

TBI Case Manager
Role & Responsibilities (cont'd)

- If individual agrees with ICF\IID screening, then DA will make a referral to BDS.

- If the individual does not agree with the ICF\IID screening, then DA and BDS will provide guidance to the TBI CM on terminating the TBI Waiver.

Service Plan Submissions

Care Managers (CM) should refrain from submitting multiple Update Service Plans (SP) at one time. Service Plan updates that occur prior to the previous plan having a decision rendered, result in services not being continued on the newest plan. This could result in billing errors or continuity of services being interrupted.

CM Options:

1) Wait for a decision on the previously submitted SP before submitting update.

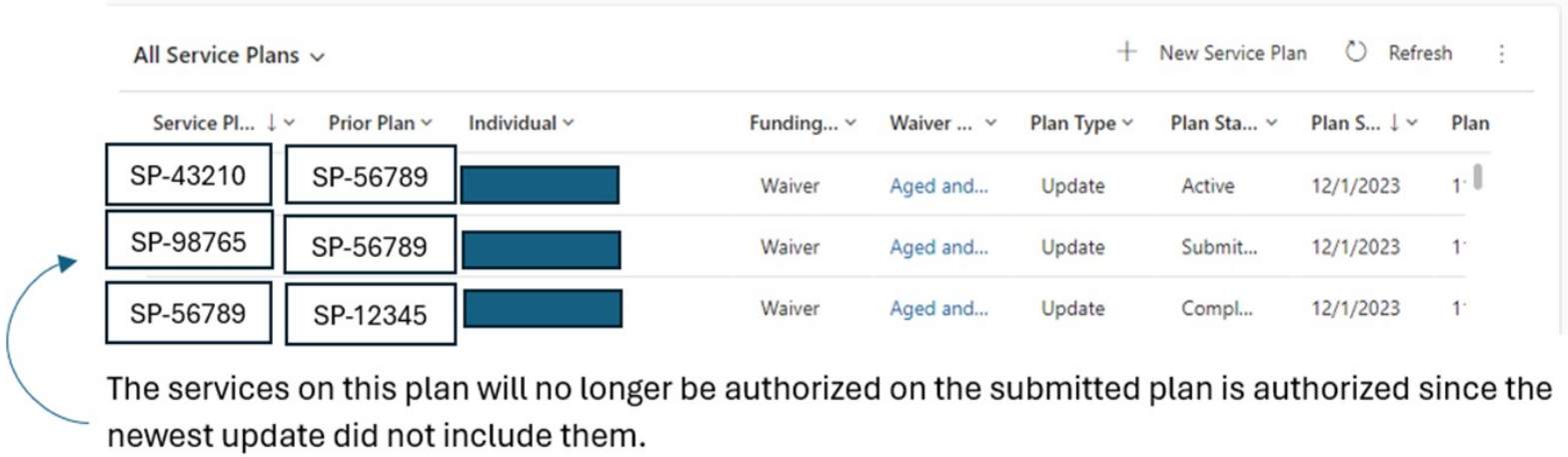
    - If it has been over 10 business days since the SP was submitted to BDS for Tier 2 decision or since the last Request for Information (RFI) was submitted to BDS, the Care Manager can email BDS.Help@fssa.in.gov to inquire about review.

Service Plan Submissions (cont'd).

2) Cancel out the previous SP and reflect those needed changes in the newest plan update.

3) Email BDS.Help@fssa.in.gov to inquire about escalated review. This would only be appropriate if the individual's situation does not allow for options 1 or 2.

Example



Provider Updates:
CIH and FSW Providers

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 completing the 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.

Provider Referrals

Please check your provider referrals grid and respond to referrals within **30 days.** You may view the referral then accept, reject or request additional information by selecting the record.

For assistance with completing the Provider Referrals, please refer to the BDS Portal User Guide for Providers located in the Resource Section of the BDS Portal under the "User Guides" tab.

BDS Portal Update: Passwords

Effective 11/1/2024, the password for system generated documents in the BDS Portal is PID+*+Individual's PID.

For example: If an Individual's Portal ID (PID) is 12345, the password to unlock BDS Portal documents would be – PID*12345

Documents impacted by this password update include:

- Service Authorization (SA)/Notice of Action (NOA)
- RFA State Form 45750
- PCISP PDF
- Managed Care Disenrollment Email
- BMR/STBR Decision Denial Letter
- BRQ/LTBR Decision Denial Letter

BDS Portal Update: Portal ID (PID)

The Service Authorization/Notice of Action that is sent to providers will now include the individual's Portal ID. For example:

Subject: Service Authorization for (HIPAA Name)

(PID: Individual's PID)
(Name)

(RID: Individual's RID)

Attached is a Service Authorization for the above-referenced individual. The case manager for this individual is (CMO Name) (CMO Organization) and can be reached at (CMO Phone) or at (CMO Email).

October Webinar Questions

Question #1: H&W/TBI Care Managers

Q: *For the support plans, if we are having difficulty getting all the signatures, should we upload what we have by the 30-day deadline or wait?*

A: Every effort should be made to obtain all required signatures within the required timeframes. If you are unable to obtain all required signatures within the required timeframes, upload the document with signatures and documentation clearly explaining what has not yet been obtained and what is being done to address it. Continue to update in your case notes in CaMSS until the standard is met.

Question #2: For All Providers

Q: *If an agency implements "Arrest Alert," which notifies the agency of any arrest for staff, would this be allowable in place of running the background check every three years?*

A: While this is a valuable addition to an agency's quality assurance initiatives, it does not replace the statutory requirement of running the background check.

Question #3: For All Providers

Q: *Are staff training documents required to be in the home as well as in the provider's office?*

A: No, staff training documents are not required to be in an individual's home.

Question #4: For H&W/TBI Waivers

Q: *How do I update my information so that it shows correctly on the choice list?*

A: For providers of H&W and TBI services (including AAA and ICMs), major

Question #4: For H&W/TBI Providers (continued)

NOTE: Major changes include adding services, adding counties, deactivating services, deactivating counties, a change of ownership, address changes, telephone number changes, and any change that impacts the legal or billing status of your agency. Once OMPP and Medicaid process this update, BDS is notified and will update your record in CaMSS within seven (7) business days after we are notified. BDS is notified on a weekly basis of approved updates.

For minor changes, such as a change in agency contact, BDS Provider Services may be contacted directly at BDSProviderServices@fssa.in.gov and the update will be completed within seven (7) business days.

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 across the H&W, TBI, CIH, or FSW waivers. This webinar is a monthly opportunity to discuss updates and issues impacting Indiana's HCBS Waiver providers and other providers of services administered by DDRS.

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