BDDS temporary policy changes related to COVID-19
FAQ

INCIDENT REPORTING GUIDANCE

Please clarify the temporary timing changes for when incidents should be reported as an Incident Report to BQIS.
BDDS has extended the timeline for reporting incidents to 48 hours from incident occurrence or point reporter becomes aware of occurrence, except in the following circumstances:

1) Incidents related to alleged abuse, neglect or exploration must still be reported within 24 hours from incident occurrence or point reporter becomes aware of occurrence;
2) Incident reports should be filed within 24 hours when participant is presumed positive with COVID-19. Presumed positive means individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory.

Please clarify what should be reported relating to an individual and COVID-19.
If an individual is presumed or tested positive of COVID, an Incident Report should be submitted. BDDS is requesting incident reports be filed within 24 hours when a participant is presumed positive with COVID-19. Presumed positive means an individual has at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory.

Incident reports are not required when a person has symptoms of COVID-19, unless another incident report category applies (such as an emergency intervention or event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services).
Incident reports are not required for COVID-19 related service/site closures/suspensions, visitor restrictions, quarantine measures without a COVID-19 positive test, or other changes in service delivery.

Even though these are not required to be reported as incident reports, BDDS and BQIS are requiring providers to inform and update everyone who is a part of the individualized support team of any situation involving an individual, including quarantine measures, restrictions, etc., as well as document all changes.

Please continue to submit IRs as appropriate for non-related COVID-19 incidents.

SUSPENSION OF NEW PROVIDERS

Does the information indicating no new service provider refer to adding a new provider for an individual? Such as individual wants a new RHS provider?
No. An individual with the FSW or CIH can choose a new currently enrolled provider at any time. BDDS has temporarily suspended enrollment of new HCBS Medicaid service providers for the FSW and CIH waivers.

SUSPENSION OF PROVIDER REVERIFICATION

When will the reverification process start again?
There is no date set for resuming the reverification process. Advance notice will be provided when a date is determined.

'STAY AT HOME' EXECUTIVE ORDER AND INDIVIDUAL RESTRICTIONS

Are all BDDS service providers and case managers considered 'healthcare workers' or 'essential workers' at this time? What can provider staff and case managers do to identify themselves as 'essential workers' or 'healthcare workers' under social distancing, other travel restrictions or shelter in place situations?
Provider staff are considered essential workers. At this time, there is no statewide enforcement of travel related to "stay at home." However, as a precaution, providers may consider providing letters or other documentation for staff indicating that they are an essential health worker. In developing such documentation, providers should consider adding a reference to Executive Order 20-08, paragraph #10 that identifies workers providing FSSA and/or Medicaid funded services as being an essential worker.

How can individuals and their residential waiver provider address visitors, daily routines, and agreement on the household's response to COVID-19 social distancing, isolating recommendations from the Centers for Disease Control (CDC) and Indiana State Department of Health, as well as the Governor's executive order declaring a public health emergency?
CIH Waiver housemates (and as applicable, their guardians) are encouraged to discuss household expectations in relation to visitors, and the general coming and going from their home during the COVID-19 implemented recommendations for social distancing or isolating measures practiced as a result of the Governor's emergency declaration. CIH Waiver housemates are encouraged to include their waiver residential provider and DSP staff in these discussions. Housemates will need to determine their comfort level with imposing restrictions and how this may impact availability and impact to staffing supports. CIH residential settings are to be treated similarly to households of people who do not receive Medicaid waiver services, therefore it is expected that housemates receive the necessary support and facilitation from their teams to assist in making informed decisions about their risk of exposure to COVID-19. It is strongly encouraged that individuals, case managers, and residential providers are proactively addressing the needs and implementing appropriate preventative measures to prevent the exposure of COVID-19.

If an individual's employer is open for business and the individual wants to work but the RHS provider is indicating they cannot go to work due to the concern that they could be exposed to COVID-19 at work & possibly bring it home to others, what guidance does the state recommend?
Despite the current public health crisis, all parties should continue to be person centered. The individual needs to be provided information on risks associated with leaving their home and trained on social distancing and other disease mitigating activities. The IST should meet (by phone or virtually) to discuss and find a resolution.

GUIDANCE FOR 'STAY AT HOME' ENFORCEMENT

What can be done if the staff are not following social distancing when they are <u>not</u> at work?

Governor Holcomb issued a Stay-At-Home Order effective Tuesday, March 24th at 11:59 PM. The Stay-At-Home Order applies to the entire state of Indiana. Provider staff are considered essential workers so they can travel to work and home, but at all other times should be abiding by the stay at home order. Individual Support Teams are encouraged to communicate frequently regarding any issues or concerns and problem solve accordingly.

DAY SERVICE GUIDANCE

How should we handle concerns related to risk of exposure to COVID-19 in services where families drop off individuals and pick up on a regular basis?
Considerations should be made on an individualized basis regarding participants that are in the high-risk category or those who present other vulnerabilities and individualized adjustments should be made. Implementing the practice of checking the temperature of the individual when they arrive and before their caregiver leaves is recommended. Social distancing and frequent handwashing practices should continue. Participants and staff should be encouraged to stay home when sick.
CDC has published guidance for cleaning/disinfecting your facility.

Will the closing of a day services program have any effect on the individual's waiver going forward, since they won't be able to totally use all the funds this year?
An individual's inability to receive all authorized services in a year will not affect their budget for the following year.

GUIDANCE FOR VISITORS

What are some ways we can keep individuals in services safe, while also keeping provider staff/service providers safe in residential settings where both individuals and staff are leaving the home and coming back?
There are current restrictions for visitors in facilities, including SGL's, or group homes. SGLs and CRMNFs should follow the guidelines established by CMS regarding visitors found at:
https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

For CIH waiver residential locations, it is recommended that housemates and staff review/train on best practices related to universal precautions and social distancing as well as discussing household expectations for individuals who live in the home and those coming into the home.

For Family Support Waiver family homes, it is up to the family how they would like to address exposure risk and visitors or staff coming and leaving the home.

According to the CDC, households should practice everyday preventive actions to help reduce your risk of getting sick and remind everyone in your home to do the same. These actions are especially important for older adults and people who have severe chronic medical conditions:

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

POLICY CHANGES APPLYING TO ALL BDDS PROGRAMS

How can individualized Support Teams (ISTs) address quarantine needs for individuals who may now need additional supports?

For individuals receiving support on the Family Supports Waiver: In-home quarantine measures should be implemented based on the individualized needs of the individual in their family home or residence. Teams may need to discuss interruptions to routines or services for a period of time, and develop alternate means or ways to get an individual's needs met while in quarantine. Additional information on in-home isolation can be found at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html

For individuals receiving support on the Community Integration and Habilitation (CIH) Waiver: In-home quarantine measures should be implemented based on the individualized needs of the individual in their home or residence. Short-term changes to service needs may be addressed via a Budget Modification Request, as appropriate.

For SGLs/ICFs: Recommended controls for institutional settings can be found at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Guidance for Case Managers

Should a Case Management Provider return a case to BDDS if the participant transitioning out of an institution is unsure if they want to move due to COVID-19?
BDDS encourages Case Management Providers to allow individuals some time to process and cope with the current public health crisis. Case Managers should consider more frequent contact and communication with individuals transitioning out of an institution in order to provide them with information to assist them in making an informed decision. BDDS requests that cases not be returned at this time without further discussion with the individual and BDDS District Office.

Modifications to direct support professional qualifications and requirements

Is there a waiver for staff who need a three year follow up county check?
Not at this time.

Are staff required to have First Aid and CPR?

BDDS will continue to accept documentation of successfully completed cardio-pulmonary resuscitation and/or First Aid. In addition, BDDS will temporarily allow DSPs to continue working ninety (90) days past the expiration of their CPR/First Aid. The hands-on component of training is not required. DSPs completing CPR certification during COVID will need to complete the hands-on component, when it is safe and appropriate to do so.
As part of the temporary policy changes related to COVID-19, only the online CPR/First Aid portion is required before the first day of work. The hands-on component of training is not required but will need to be completed when it is safe and appropriate to do so.

Use of Telemedicine to Support Service Delivery

How can Extended Services be provided for individuals who have been temporarily laid off or unable to go to their place of employment due to closure?
Extended Services, when appropriate, may be explored and utilized via telemedicine. The delivery of Extended Services through telemedicine must be meaningful and within the scope of the individuals PCISP. If meaningful service cannot be delivered, consider postponing services and revisiting at a later time. Providers delivering services through telemedicine must continue to abide by service standards and limitations, including the requirement that Extended Services be delivered only when the individuals is employed in competitive, integrated employment. *Extended Services do not include sheltered work or other similar types of vocational services furnished in specialized facilities or volunteer endeavors.*

Can Adult Day Services be provided via telemedicine?
This service may be provided via telemedicine as a last resort option, only with individuals who need only verbal prompting and guidance, and must relate to an individualized need or interest. When utilized, some element of the underlying service definition must be provided and documented. Electronic Monitoring (also known as Remote Supports) remains available on the CIH waiver and should be explored as an alternative option, as appropriate.

How is the delivery of behavior management and billing different as it relates to the approval of telemedicine for the delivery of this service? We have traditionally billed for various modes of communication with teams. Is this still allowable?
The recent approval of telemedicine options via the IHCP Bulletin BT202022 allows for direct service delivery via telemedicine. For Behavior Support services, this is related to the component of the service related to the monitoring, training, education, demonstration, support, etc., that is provided directly to the participant receiving the service, not the secondary communications taking place with other team members or other associated activities. Those direct, face to face activities were not previously approved to be delivered via telemedicine.
The PCISP and/or CCB does NOT need to be updated in order to deliver services via telemedicine. The key issue is to ensure documentation is consistent with OMPP and BDDS guidance.

To view the Office of Medicaid Policy and Procedure webinars on telemedicine and other topics, please visit https://www.in.gov/medicaid/providers/1014.htm

Can RHS, PAC, and CHIO be provided via telemedicine if the participant only needs verbal prompts?
The recent approval of telemedicine options via the IHCP Bulletin BT202022 allows for direct service delivery via telemedicine. For RHS, PAC, and CHIO, telemedicine should be a last resort option, only with individuals who need only verbal prompting and guidance, and must relate to an individualized

need or interest. When utilized, some element of the underlying service definition must be provided and documented.
Electronic Monitoring (also known as Remote Supports) remains available on the CIH waiver and should be explored as an alternative option, as appropriate.
The PCISP and/or CCB does NOT need to be updated in order to deliver services via telemedicine. The key issue is to ensure documentation is consistent with OMPP and BDDS guidance.
To view the Office of Medicaid Policy and Procedure webinars on telemedicine and other topics, please visit https://www.in.gov/medicaid/providers/1014.htm

Is consent required for QIDP visits in residential settings if they are done virtually?
Yes, any service (or element of a service) delivered via telemedicine requires the individual's consent.

What happens if you don't receive signed signature pages back after a telemedicine meeting?
Appropriate consent from the individual must be obtained by the provider prior to delivering services. Consent for receiving a service through telemedicine and the location of the individual should both be documented. Consent may be received verbally or by electronic signature, and should be documented as such. Uploading the visit documents with the claim is not required. Providers are encouraged to refer to IHCP Bulletin BT202022.

In utilization of telemedicine/remote service delivery options for case management, can phone meetings be recorded?
It is not necessary for the telemedicine delivery portion of case management be recorded phone calls. BDDS is not recommending recorded calls at this time.

What changes are being made to the delivery of case management contacts and billing as it relates to the approval of telemedicine for the delivery of this service? Do all contacts need to be made virtually for this service to now be billable each month?
The utilization of telemedicine for case management is specifically related to completion of the face to face requirements of this service. It is not expected that every billable case management activity include a virtual component.
To view the Office of Medicaid Policy and Procedure webinars on telemedicine and other topics, please visit https://www.in.gov/medicaid/providers/1014.htm

POLICY CHANGES APPLYING TO CIH AND FSW

Do providers need to wait for Appendix K's approval, to begin to put the temporary amendments to services into place?
Providers may implement any of the temporary changes for which guidance has been provided to date which can be found at https://www.in.gov/fssa/ddrs/5762.htm.

With the Appendix K does this stop the Waiver Renewal changes (AISP blended into ongoing CM rate) on hold? Can Case Managers continue to add AISP to CCBs and bill for it?
In order to minimize confusion between Appendix K amendments and the Waiver Renewals (set to be effective in April 2020), BDDS requested and received approval for an extension of the current FSW and CIH Waiver through July 16, 2020.

Case Managers can continue to utilize AISP through the extension.

What, if anything, is being considered for individuals on the FSW that are needing services provided in the family home, keeping in mind that their budgets do not support 1:1 ratio services (their current budgets are only able to accommodate larger group FHG/PV ratios) and their plans are exhausted?
IST's are encouraged to meet (by phone or virtually) to discuss the array of service options in addition to those supports that may be available through state plan Medicaid\Medicaid PA. IST's are also encouraged to discuss the temporary flexibilities allowed under Appendix K.

Budget Modification Timelines

Should case managers complete Jira tickets when asked by a provider to change from daily RHS to hourly? Can there be more than 1 individual served by a provider on one ticket-regarding request for daily to hourly rate effective March 1?
No. Changes have been made which will allow a case manager to enter an exemption and immediately change a person from daily RHS to hourly RHS. Tickets will not be required.

Can the state relax the policy of having to change an individual from daily rate to hourly only at the beginning of the month?
Yes, it is temporarily permissible for an individual to change from daily to hourly RHS on any date during the month.

For requests to go from daily rate to hourly just submitted and approved to start 4/1, are providers able to request another to ask that daily be switched to hourly back to 3/1?
This is allowable only if there were changes implemented in the month of March.

Will monthly service budgets be extended? For example, if you are allotted an amount of hours on the NOA for a certain month, will you be able to use them the following month?
This depends on the individual, situation, and service. However, this is currently allowable depending on how the service is authorized.

Changes to Residential Service Location

If an individual who currently receives RHS hourly and lives alone is moving into a supported living setting temporarily, should the individual's living arrangement be changed?
For individuals temporarily visiting their family home, but maintaining their supported living residence, an emergency transition is not required. The case manager should document the visit in case notes. However, should the visit be longer than 60 days, an emergency transition should be submitted.

For individuals temporarily visiting another supported living home due to staffing needs or similar provider limitations, an emergency transition is not needed as long as the visit is limited to 7 days or less. Case managers are to document the temporary relocation in case notes. If the visit exceeds 7 days, an emergency transition is required.

If a CIH Waiver participant must relocate to a new residential setting, should the Case Manager submit a transition to BDDS?
If the individual is visiting a new residential setting due to a COVID-19 related issue (quarantine, staffing, COVID-19 positive housemate), the Case Manager is not required to submit an emergency transition immediately. The Case Manager is required to make a case note indicating where the individual is visiting. If the individual is at the new location for more than 7 days, an emergency transition should be submitted.

It sounds like under correct condition a waiver residential can be moved to a group home but a waiver residential cannot move to another waiver. Am I understanding that correctly?
If a participant's current Personal Assistance and Care (PAC), Structured Family Caregiving (SFC) setting or Residential Habilitation and Support setting is compromised due to COVID-19 related circumstances, the individual may be temporarily relocated to a day program setting or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD). The day program or ICF/IID setting must be accessible to participants and ensure participant's health and safety to the fullest extent possible. A participant may also move to another CIH waiver setting on a temporary basis.
Prior to relocating the individual, the participant's support team must approve of the temporary/alternate residential setting. The case manager must obtain and document approval from each team member by either a telephone call or virtual meeting with the individual's team or an email with the individual's team. The case manager will submit an emergency transition that references COVID-19 with the support team's approval within 7 days of relocating the individual to the alternate residential setting.
The alternate service delivery setting may not exceed sixty (60) days for each individual.

If a CIH Waiver participant temporarily goes to an ICF due to a COVID-19 related issue, how does the residential provider bill for services rendered?
The residential provider would continue to provide residential support through the CIH Waiver and bill accordingly. The residential provider would not include that individual in the ICF billing.

How should a team handle transitions where a new client looking for a new provider?
There has been no change to this process. Individuals can continue to change providers of various services if they choose to do so.

Changes to annual level-of-care (LOC) determination requirements

Can Case Managers continue to submit LOCSIs since we use collateral documents?
Collateral documents are a part of LOC assessments and do not replace the need to meet with the individual. BDDS will temporarily allow LOC assessments to be conducted by phone. Case Managers must conduct phone meetings according to guidance issued on use of phone (or virtual) meetings for service planning. BDDS will extend the annual LOC determinations that are due on or before June 30, 2020 to have a new due date of December 31, 2020.

Allowing use of phone (or virtual) meeting for service planning

As far as virtual meetings, is there a specific platform CM's should use? Can this include Skype, face time etc.?
To ensure continuity of service planning and team meetings, BDDS will temporarily authorize the use of phone (or virtual) meetings as an alternative to face-to-face meetings. HIPAA federal guidance has been waived during this public health emergency. Please see https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf for additional information. Providers are encouraged to take steps to protect confidential information to the best of their abilities.
Any technology that allows for real-time interactive communication between the individual and provider is acceptable. This could be done either in a video format or voice-only communication. Services provided via email and text message formats are not reimbursable.

Allowing alternative settings for COVID-19 related circumstances

Could we provide day services in the homes of the supportive living homes? Are there any additional guidelines for doing this?
BDDS will temporarily expand settings where Facility Habilitation, Prevocational Services and Adult Day Services may be provided. Facility Habilitation, Prevocational Services and Adult Day Services may be temporarily provided at a facility-based day program, the home of the participant, in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible. The service definitions remain the same.

As far as changing of setting where facility hab is served, will this service need to be still provided by the current provider staff?
Regardless of which staff provide support, they will need to follow all qualifications and training requirements as outlined in administrative code, as modified by BDDS Temporary Policy Changes Related to COVID-19 and Appendix K.

Can providers implement the changes to CHIO?
Yes. BDDS will temporarily expand settings where Community-Based Habilitation (CHG/CHIO) may be provided. CHG/CHIO services may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible.

Increased payment flexibilities for allowable family caregivers

Would there be an exception to allowing RSPO during when a parent is working right now since children are home from school for those parents still working.
Respite as a waiver service cannot be provided while the parent is at work. However, respite through Medicaid PA can be utilized while the parent works. Additionally, the IST can convene and discuss the option of utilizing PAC under the FSW or RHS under the CIH while the parent works.

In expanding the use of family caregivers, can we hire a parent with a drug felony to care for the consumer?
There have been no exceptions or waiving of 460 IAC 6-10-5(9).

Consumer has Respite provided by family and the provider stopped it due to the pandemic. If providers are allowed to start providing respite due to the pandemic why can't respite that is already in place be utilized?
This should be discussed with the individual's case manager.

What services can family members provide under Appendix K?
Parent(s), stepparent(s), and legal guardian(s) will temporarily be allowed to provide services (as direct support staff via an existing BDDS approved provider) to adults and children who are currently using or have a documented intent to use only the following services:
1) Participant assistance and care (PAC) available on the FSW;
2) Community based habilitation (CHIO) available on the FSW and CIH ; and
3) Residential habilitation and support (RHS) available on the CIH.

An adult spouse will temporarily be allowed to provide services to the adult individual in the following services:
1) Structured family caregiving (SFC) available on the CIH; and
2) Participant assistance and care (PAC) available on the FSW.

Can parents provide respite care for their minor children during this time? If so, is the fact that the kids are at home instead of school a sufficient reason?
Respite is defined as a service that provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. A parent providing respite would not meet this definition however, a parent of a minor child can temporarily provide other services such as PAC on the FSW and RHS on the CIH.

School closure does not meet the criteria for a parent to become a paid caregiver under this temporary flexibility. In determining whether HCBS services should be utilized to address a COVID-19 related need, please see the table below.

If a parent becomes a DSP for a minor child, will they still be required to finish all of the training requirements after the emergency is lifted if it is before the 60 day limit?
Any parent(s), stepparent(s), legal guardian(s), and spouse accessing these flexibilities for the first time will need to work with their provider to meet the provider, state and/or federal hiring and training requirements. All paid family caregivers must also meet background check requirements currently in place for direct service professionals.

In regards to the temporary changes where family can be staff, if the family has lost their jobs due to COVID and being home with their individual, is this considered a reason to use Appendix K to employ the parents as caregivers?
In determining whether the temporary flexibilities provided by Appendix K regarding certain family members being paid staff should be used, the individual and their team should consider the following questions:

1) Is there a disruption in current services due to COVID-19 that creates an immediate need for intervention and response to ensure their health and safety? (this does not include stay at home order or school being closed); and
2) Using the Integrated Support Star or other similar tool, what other appropriate alternatives are available to support the individual including other HCBS services, natural supports, technology, etc.? Is the service critical to the health and safety of the individual?
3) Is the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community based waiver services?

If the individual is at home because they are no longer able to access their usual supports due to COVID-19, then it would be acceptable for the family member to become paid staff on a temporary basis.

When should HCBS services be used in a COVID-19 related situation?

Currently, BDDS is providing the following chart to support teams in decision-making about whether and to what extent HCBS flexibilities should be used:

HCBS Flexibilities May Be Considered When:	Other Support Options Should Be Utilized When:
• The BDDS provider in the PCISP has suspended services due to COVID 19. • The staff for BDDS services in my PCISP aren't providing services because they have been exposed or are ill with COVID 19. • I'm the primary caregiver or legal guardian for the individual with BDDS services and I have been exposed or am ill with COVID 19. • I'm an individual receiving BDDS services and have been exposed or am ill with COVID 19.	• The individual receiving BDDS services is no longer attending school in person due to closures due to COVID 19. *School services are covered by IDEA and you should work with your local school district in securing those services. For more information or guidance you may contact INSOURCE at www.insource.org* • The individual receiving BDDS services is also receiving First Steps services and is no longer receiving in home First Steps services due to COVID 19. *First Steps services are covered by IDEA. Telehealth might be an option. Contact your First Steps service coordinator for options.* • The individual receiving BDDS services can no longer attend ABA services because the center closed to due COVID 19. *ABA is not a waiver service and is covered by your Medicaid State Health plan and/or private insurance. Contact your ABA provider for their alternate options of service delivery, if any.*

	• The individual receiving BDDS services and/or the parents and legal guardians have lost their job due COVID 19 and need assistance meeting basic needs. *Individuals and families who are facing a financial hardship due to COVID-19 and need assistance with basic needs such as food, rent, and utilities should contact 211, visit the food assistance availability map and/or a statewide family/advocacy organization to locate local resources.*

Would having Day Services canceled be considered a COVID-19 need?
If the cancelation of Day Services is related to the COVID-19 pandemic, then yes.

If a family member becomes paid staff due to COVID-19 related issues, does that family member still have to work for a provider?
Yes. Any parent(s), stepparent(s), legal guardian(s), and spouse accessing these flexibilities for the first time will need to work with their provider to meet the provider, state and/or federal hiring and training requirements. All paid family caregivers must also meet background check requirements currently in place for direct service professionals.

Are parents allowed to work respite hours?
Respite is defined as a service that provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite would not be an appropriate service for a parent to provide if the parent is the usual caregiver.

Can PAC be added for individual under 18 and the parent be staffing during this time. Consumer did not previously have PAC.
Any parent(s), stepparent(s), legal guardian(s), and spouse accessing these flexibilities can only do so for PAC and other specified services if those were existing services that have been authorized on the current Cost Comparison Budget (CCB) as of March 1, 2020.

During this time, are family caregivers able to work more than 40 hours weekly?
The 40-hour-per-week paid caregiver limitation will be temporarily be waived for Participant assistance and care (PAC) available on the FSW and Residential habilitation and support (RHS) available on the CIH.

As far as allowing family members to provide PAC/RSPO to a minor, is this allowable for new services not already existing? Especially for parents who are perhaps off work due to school closures etc.
Any parent(s), stepparent(s), legal guardian(s), and spouse accessing these flexibilities can only do so for PAC and other specified services if those were existing services that have been authorized on the current Cost Comparison Budget (CCB) as of March 1, 2020. Respite is defined as a service that provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite would not be an appropriate service for a parent to provide if the parent is the usual caregiver. School closure does not meet the criteria for a parent to become a paid caregiver under this temporary flexibility.

An adult who lives in a waiver funded home with 24/7 support returns to the family home on a temporary basis due to staffing shortage at provider. Can the family members get paid to provide services?
If the staffing shortage is due to COVID-19, then the family member could potentially be paid staff for the service of RHS or CHIO. To utilize this option, the team must meet to discuss the proposed changes, the case manager should document the discussion in the case notes and then update the living arrangement accordingly to reflect the change in living arrangement to allow for the family to be the paid caregiver in their own home. Any parent(s), stepparent(s), legal guardian(s), and spouse accessing these flexibilities for the first time will need to work with their provider to meet the provider, state and/or federal hiring and training requirements. All paid family caregivers must also meet background check requirements currently in place for direct service professionals.

Change in Structured Family Caregiving required visits

Has there been discussion regarding SFC required visits being completed virtually? It is specifically referred to in your guidance that the two visits can be done by any combination of the manager and nurse. Is it allowable these visits to be done via telemedicine?
Yes. It is allowable as long as completing these visits virtually is appropriate for the individual.

POLICY CHANGES APPLYING TO CIH

Allowing RHS Reimbursement for Sleep Staff

How should sleep staff approval be documented? Is a case note sufficient or is PCPISP update needed?
For the CIH waiver, BDDS will temporarily waive current restrictions preventing providers to bill for RHS reimbursement for time when staff/paid caregiver is asleep. Teams must have a discussion and documented approach for planned staff sleep circumstances in short-term situations where no other support options are available or appropriate, and the individuals can be appropriately supported. Unplanned, sleep time that is not previously discussed and agreed to by the IST is not allowable under this exception.
The PCISP and CCB do not need to be updated however the discussion should be documented by the Case Manager.

POLICY CHANGES APPLYING TO ICFs

If an individual in an ICF is hospitalized for more than 15 days, does the ICF have to officially discharge them?
No. The requirement for an automatic discharge after an individual is hospitalized for 15 days has been waived temporarily due to the COVID-19 pandemic.

If an individual in an ICF goes home with family as a temporary measure due to COVID-19, must that person be discharged from the ICF once they surpass the usual 60 days of therapeutic leave?
No. This has been waived and the therapeutic leave period has been extended to 120 days.

Are individuals in ICFs still allowed to go to doctor appointments? Can the guardian go with the individual?

Many physicians are completing medical appointments via telemedicine. BDDS recommends contacting the physician for assistance in determining the risk associated with attending a medical appointment in-person versus the use of telemedicine. The guardian is encouraged to talk with the ICF provider regarding accompanying the individual to the doctor's appointment if indeed the appointment is held in-person.