Eric Holcomb, Governor
State of Indiana

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Bureau of Developmental Disabilities Services

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Guidance for BDDS providers on temporary policy changes related to COVID-19 and Appendix K

As of March 26, 2020

The Office of Medicaid Policy and Planning is preparing to submit Indiana's Appendix K: Emergency Preparedness and Response Waiver amendments to the following Indiana Medicaid Home- and Community-Based Services waivers: the Family Supports Waiver and the Community Integration and Habilitation Waiver to the Centers for Medicare and Medicaid Services for approval. If approved, these temporary Appendix K waiver amendments will have a March 1, 2020, effective date.

Indiana Division of Disability and Rehabilitative Services and Bureau of Developmental Disabilities Services submitted the FSW and CIH Appendix K waiver amendments in response to the emergence and spread of coronavirus disease (COVID-19) and the serious health risk it poses to Indiana's intellectual and developmental disabilities population. Governor Eric Holcomb declared a statewide public health emergency on March 6, 2020, related to the spread of COVID-19 in Indiana.

In advance of CMS' final approval, BDDS is implementing the following guidance and temporary changes to help mitigate the disruption this statewide public health emergency is anticipated to have on standard modes and methods for service delivery to BDDS participants. These temporary changes are effective retroactively to dates of service on or after March 1, 2020. These temporary changes will remain in effect through the current public health emergency, including a small period after to allow the system to transition to pre-COVID-19 operations.

Provider closures / visitor restrictions / other signficant service changes

Providers should continue to notify BDDS of the following:

- Service or site closure / suspensions
- Visitor restriction

- Any significant change in service delivery, including change in service location. This does not include changes from face to face service delivery to telemedicine—that information should be documented in the individual's PCISP and related documentation.

Providers should e-mail the following details to either their local district manager or to the Bureau of Quality Improvement Services at help@FSSA.in.gov:

- Number of individuals impacted
- Estimated closure duration and reason—if unknown, discuss plan to evaluate ability to reopen and frequency of evaluation
- Reason for closure—preventative or confirmed case
- Alternate planning, if any
- How individuals and families are/will be notified

Incident reporting guidance

BDDS will extend the timeline for reporting incidents to 48 hours from incident occurrence or point reporter becomes aware of occurrence, except the following circumstances:

- Incidents related to alleged abuse, neglect or exploitation must still be reported within 24 hours from incident occurrence or point reporter becomes aware of occurrence.
- BDDS is requesting incident reports 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.

Incident reports are not required for COVID-19 related service/site closures/suspensions, visitor restrictions, or other changes in service delivery.

Please continue to submit IRS as appropriate for non-related COVID-19 incidents using these modified timelines.

Suspension of new providers

BDDS will temporarily suspend enrollment of new service providers.

Suspension of provider re-verification

BDDS will temporarily suspend provider re-verifications.

"Stay at home" Executive Order and individual restrictions

On March 24, 2020, Governor Eric Holcomb issued Executive Order 20-08. Except under certain circumstances, the Executive Order orders all individuals currently living in the state of Indiana to stay at home or their place of residence. This order is in place until at least 11:59 p.m. on April 6, 2020. Complying with this order is not considered an individual right restriction and

complaints regarding the restriction of an individual's rights related to Executive Order 20-08 and other circumstances surrounding COVID-19 should not be filed.

Guidance for "stay at home" enforcement

At this time, there is no statewide law 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.

Day service guidance

Under the "stay at home" order, day service locations may remain open as an essential service until it is no longer feasible to do so based on the best interests of the individuals served and/or due to local conditions. While recognizing some of the individuals served in our day programs are in the high-risk category, we are hoping to maintain this essential service, whenever feasible, to provide needed support to our families, particularly those that are essential workers, during this time.

Day programs that remain open are encouraged to follow guidance consider the following:

- Staff or other agency personnel in the high-risk category (over 60 and/or underlying health condition) should not be providing care.
- Participants in the high-risk category (over 60 and/or underlying health conditions) should not participate.
- Considerations should be made on an individualized basis regarding participants that present other vulnerabilities (e.g., significant personal care needs, significant behavioral needs) as to whether they should continue attending day programs. Individualized adjustments should be made.
- Institute the practice of checking the temperature of each participant when they arrive and before their caregiver leaves. If they present with a temperature of over 100.4°, the individual should not remain at the day program.
- Continue social distancing practices and frequent handwashing practices
- Ensure daily deep cleaning when individuals are not present.
- If a positive case of COVID-19 has occurred for an individual or caregiver, the facility must temporarily close to facilitate cleaning using CDC guidance for cleaning/disinfecting your facility. If day service locations remain open, consider instituting the following protocols.

At all times:

1. Encourage your staff or community members to protect their personal health.
2. Post the signs and symptoms of COVID-19.
3. Encourage people to stay home when sick.

4. Clean surfaces that are frequently touched—things such as shared desks, countertops, kitchen areas, electronics and doorknobs.
5. Limit events and meetings that require close contact.
6. Consider restrictions on visitors.
7. Stay up to date on developments in your community.
8. Create an emergency plan for possible outbreak.
9. Assess if community members are at higher risk and plan accordingly.

During an outbreak in your area:

1. Send home or separate anyone who becomes sick.
2. If you identify a case, inform people who might have been exposed.
3. Continue to safely clean and disinfect the person's area.
4. Connect with your local health department.
5. Cancel large meetings or events.
6. Put your infectious disease outbreak plan into action.

Guidance for visitors

For ICF/IDD settings:

- SGLs and CRMNFs should follow the guidelines established by CMS regarding visitors: https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-COVID-19.pdf.
- In addition, guidance issued by the Indiana State Department of Health long-term care facilities (including guidance on PPE, TB screening, and voluntary leaves of absence) apply to ICF/IDD settings, as well: https://coronavirus.in.gov/files/in_COVID-19_ltc_03.22.20.dr.pdf.

For congregate residential HCBS settings:

- Providers supporting congregate residential HCBS sites are encouraged to assess each setting to determine the need for restrictions or other measures regarding visitors.
- In particular, they should consider whether and to what extent the setting supports individuals more at risk for COVID-19, including:
    - Adults aged 60 or older
    - People who have serious chronic medical conditions like:
        - Heart disease
        - Diabetes
        - Lung disease

- The following checklist published by CMS may be useful in making these types of determinations: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-nursing-homes-preparedness-checklist_3_13.pdf.

For all visitor restrictions, providers are strongly encouraged to implement creative alternatives (telephone contact, video calls, etc.) to support individuals in maintaining contact with family and friends.

Guidance for personal protective equipment

- If you have PPE, use conservatively and reuse if possible.
- Non-porous surfaces (shields, some gowns, gloves) can be washed with bleach.
- Follow the long-term care facilities guidelines from ISDH to reduce the contact with a sick patient: https://coronavirus.in.gov/2399.htm.
- Refer to CDC guidelines for strategies for optimizing the supply of N95 respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html.
- If you have surgical masks, put them on the individual (if they will tolerate it) with symptoms. Respiratory droplets are what spreads the disease, so if you want to decrease spread, putting it on the infected person is step one.
- Have workers keep their masks and reuse them—try wearing one mask per day. If they can limit their movement between those who have symptoms and those who don't that would also help.
- Reach out to local entities that might have some level of PPE on hand:
  - Local health departments
  - Local schools
  - Other HCBS service providers—aging, mental health or disability
  - Home health agencies
  - Hospitals
  - Physician, dental or optometry offices
  - YMCAs, local gyms, churches
  - Closed day program/service settings
  - Auto body shops
  - Cleaning companies
  - Hardware stores and tool retailers
  - Landscapers
  - Manufacturing plants and factories
  - Hair and/or nail salons
  - Painters

- When speaking with PPE vendors, explain your situation, the individuals you support, and the types of support you and your team are providing, seek their assistance in prioritizing and/or exploring creative solutions like facilitating connections with other customers to see if they are willing to split/share their existing order.
- As a last resort, and consistent with CDC guidance, consider making face masks from fabric. For more information on this option, please visit here: https://www.deaconess.com/how-to-make-a-face-mask.

Policy changes applying to nursing facility admissions

FSSA will temporarily waive PAS requirements that PASRR process be complete prior to admission into a nursing facility. FSSA will also temporarily allow the PASRR level II screen to be delayed up to 30 days after admission.

Policy changes applying to all BDDS programs

Modifications to direct support professional qualifications and requirements:

1. BDDS will temporarily accept a copy of a limited criminal history check through the Indiana Central Repository performed by another entity within the past six (6) months as valid.
    - "Another entity" is any business registered with the Indiana Secretary of State (e.g., another HCBS provider, a school).
    - The limited criminal history check conducted through the Indiana Central Repository must have been completed within the six (6) months of the potential staff's hire date.
2. BDDS will temporarily waive the requirement that a potential staff have, prior to hiring, a county-level criminal history check completed for each county in which the potential staff resided and worked in the three years prior to the date of the criminal history check. BDDS will instead require that this county-level criminal history check be completed within sixty (60) days of hire.
3. BDDS will temporarily waive the requirement for a provider to conduct a tuberculosis test on potential staff prior to hire. BDDS will instead require that new staff and existing staff whose annual screening is due shall be screened for tuberculosis within ninety (90) days of hire and/or the expiration of their annual screening.
4. BDDS will temporarily waive the requirement that direct care staff complete the list of training detailed in 460 IAC 6-14-4 and 460 IAC 6-15-2 prior to working with participants. Instead, training requirements for direct care staff that must be completed prior to working with participants include the following:
    - Individual-specific (risk plans, behavior plans, modified diets, lifting, etc.)
    - Infection control
    - Signs and symptoms of medical issues

- Medication administration (if DSP will be administering medication)
- Cardiopulmonary resuscitation / choking—Heimlich maneuver
- Individual rights / abuse, neglect, exploitation / incident reporting
- Emergency procedures / on-call support
- Crisis intervention/de-escalation (if DSP will support an individual with a known history of challenging behaviors)

The temporary essential training will be authorized only while the Executive Order remains in effect, plus any additional time afterward that FSSA deems necessary to facilitate providers' orderly resumption of normal staffing. Providers have 60 calendar days from the date of hire for DSPs to complete the remaining required trainings as outlined in 460.

These training requirements can be met if staff can provide:

- Documentation that they were employed by another BDDS approved provider within the last six (6) months; and
- Documentation from that BDDS approved provider for each training topic satisfactorily completed by the staff.

For additional details and guidance, please review the temporary DSP essential training outline.

5. 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.

Use of telemedicine to support service delivery

The Office of Medicaid Policy and Planning has issued guidance permitting broad use of telemedicine to support service delivery, highlights include:

- Appropriate consent from the member must be obtained by the provider prior to delivering services.
- Documentation must be maintained by the provider to substantiate the services provided and that consent was obtained.
- Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the provider and patient, and be available for post-payment review.
- The provider and/or patient may be located in their home(s) during the time of these services.
- Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the patient.

- This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication, but does not include the use of non-voice communication such as emails or text messages.
- When billing telemedicine for services not listed on telemedicine services codes, providers must include both of the following on the claim:
  - Valid procedure code(s) for the IHCP covered service
  - Modifier GT—via interactive audio and video telecommunication systems (this modifier will be used to indicate that services were furnished through telemedicine communication)
- If a provider has already billed and performed services this month, the provider should reflect how the services were rendered in their documentation. Providers should utilize the telemedicine guidance for billing moving forward.

Providers are encouraged to refer to IHCP bulletin BT202022 issued on March 19 for additional details. In addition, providers should utilize updated guidance from the office of civil rights regarding HIPAA compliant telemedicine options available here: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html.

Under this guidance, the following Home- and Community-Based Services, when appropriate, should be explored and utilized as telemedicine options:

- Case management
- Behavior management
- Therapies, including PT, OT, speech, psychological, music and recreational
- Extended services
- Wellness coordination
- Family and caregiver training

For all other HCBS services, 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.

In addition, under this guidance, certain ICF/IID service elements, when appropriate, should be explored and utilized as telemedicine options, including behavior management, nursing support, and psychiatric support. Please note, that while the following service elements are not billed separately from the established ICF/IID per diem, providers are still encouraged to note the use of telemedicine when documenting delivery of these service elements.

Policy changes applying to CIH and FSW:

Guidance for case managers

- BDDS encourages that case managers make contact with individuals on a more regular basis, particularly given the evolving situation with COVID-19. It is important to recognize that someone's situation could change rapidly, more frequent contacts provide opportunities to ensure that individuals continuing to receive appropriate supports and assistance. Case management is a frontline in coordinating and supporting an individual's needs.
- In recognition of this role, BDDS' priority is in ensuring those needs are met. As such, during this time, BDDS will not strictly monitor timelines for various processes. Though, we will expect case managers to complete and document these activities within a reasonable timeframe.
- Also in recognition of this role, BDDS is relying on case managers to support the individual and team in adjusting expectations, adapting to the evolving environment, and most importantly applying person-centered approaches and responses. Case managers are a critical partner in supporting individuals and teams to problem-solve, prioritize activities, and advocate for the individual's best interest.

Budget modification timelines

Under current policy, teams may request a budget modification request for up to 90 days once per plan year. If a 90-day BMR has been requested previously, additional BMRs may be requested for a period of up to 60 days (e.g., March 16 to May 15) until further notice.

In addition, BDDS will temporarily allow BMRs to be filed within 60 calendar days of the event or status change. This submission extension from 45 to 60 calendar days is in effect until further notice.

Teams are encouraged to consider the flexibilities being provided under Appendix K and described in this memo when supporting individuals in developing alternate support options.

BDDS is working on additional system changes to allow for streamlined BMR submission process, as these changes are implemented this guidance will be updated.

Changes to residential service location

For individuals receiving residential supports on the Community Integration and Habilitation Waiver, it is the responsibility of the residential provider to ensure that any change in the individual's condition or living arrangement be communicated to each member of the individual's person-centered individualized support plan. Case management case notes should accurately indicate the change in condition or living arrangement, the reason for the change, and the expected time frame for the change in living arrangement.

If the living arrangement change is expected to be a permanent change, the case manager must ensure the individual's living arrangement is updated.

Changes to person-centered individualized support plan timelines

BDDS will temporarily extend the timeline for completing and finalizing the initial person-centered individualized support plans (PC/ISPs) from 45 days to 105 days and the annual PC/ISP from 365 days to 425 days.

Changes to annual level-of-care determination requirements

- BDDS will temporarily allow LOC determinations to be conducted by phone. Case managers must conduct phone meetings according to guidance on use of phone (or virtual) meetings for service planning below.
- BDDS will extend annual LOC assessments that are due on or before June 30, 2020, to have a new due date of December 31, 2020.
- BDDS will temporarily waive the requirement for a confirmation of diagnosis to complete level of care for re-entries to waiver services.

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

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. Phone (or virtual) meetings may be utilized under the following criteria:

- Phone (or virtual) meetings require private, and secure, two way communication and must maintain the individual's privacy.
- Phone (or virtual) meetings must not be held in public spaces, such as restaurants or cafés or via a public network.
- Case managers must document the request and need to meet by phone (or virtually) in case notes.
- The phone (or virtual) meeting is to be documented in case notes using "team meeting" or "face-to-face visit" as the category; and "telephone call" or "virtual" as the level of interaction as applicable.
- Pre-/post-meeting monitoring checklists are to be completed with information available. For example, questions in the environment section would be answered "N/A."

Guidance on telemedicine delivery of extended services

Delivery of extended services through telemedicine must be meaningful and within the scope of the individual's PC/ISP. 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 individual 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.

Examples of reimbursable activities that can meaningfully be delivered through telemedicine:

- Virtual interaction with supervisors and staff to develop and secure natural supports at the worksite (including any remote work setting).
- Virtual check-in with participant, employer and/or supervisor on current job and training needs.
- Virtual training for the participant, employer, supervisor and/or coworkers to increase the participant's inclusion at the worksite (including any remote work setting).
- Audio-video observation, if feasible, of the participant to reinforce or stabilize the job placement (including any remote work setting).
- Virtual safety or self-advocacy training that is job-specific and tailored to an individual participant.
- Virtual job-related safety or self-advocacy training to individuals or groups.
- Virtual coaching/training to individuals or groups on:
    - New skills and related needs to successfully transition to a remote work setting
    - Reinforcement of work-related personal care and social skills
    - Use of public transportation
    - Job-related tasks, such as computer skills or other job-specific tasks

In the event an individual is placed on temporary leave from their employer due to a COVID-19 related circumstance, extended services may continue to be delivered via telemedicine to the extent they are meaningful and contribute to ongoing job-specific goals or readiness of the participant to resume work with their current employer once public health emergency restrictions are lifted.

Allowing alternative settings for COVID-19 related circumstances:

1. If a participant's current personal assistance and care, structured family caregiving 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. The day program or ICF/IID setting must be accessible to participants and ensure participant's health and safety to the fullest extent possible.
2. 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, 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.

3. BDDS will temporarily expand settings where facility habilitation, prevocational services and adult day services may be provided. Prevocational services and adult day services may be temporarily provided at a facility-based day program, the home of the participant, intermediate care facilities for individuals with intellectual disabilities 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.
4. BDDS will temporarily expand settings where structured family caregiving may be provided. If a participant's residential habilitation and support setting is compromised due to COVID-19 related reasons and a direct support staff is residing in the home to ensure continuity of care, BDDS will temporarily allow the RHS setting to be converted to a SFC setting and be provided in the participant's home.
5. In unique and rare situations, the home of a direct service professional familiar to the individual may be used as a temporary/alternate waiver residential setting for a participant when the participant's primary caregiver has been diagnosed with or quarantined due to COVID-19.
   To utilize this option:
   - The setting must be designated as a structured family caregiving setting.
   - 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 through one of the following methods:
     - Utilize a telephone call or virtual meeting with the individual's team. The case manager would document on a pick list: the date of the call/meeting, the method of contact, each team member participating and each team member's approval. Once all approval is obtained, the case manager would hand-write on the pick list the individual's provider selection, the individual/guardian's name followed by their initials and the date.
     - Utilize an email with the individual's team. The case manager would document on a pick list: the date of the initial email, the method of contact, each team member response and each team member's response date. Once all approval is obtained, the case manager would hand-write on the pick list the individual's provider selection and the individual/guardian's name, followed by their initials and the date.
   - The case manager will submit an emergency transition that references COVID-19 with the support team's approval within seven (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.

Increased payment flexibilities for allowable family caregivers

1. When existing services on the participant's person-centered individualized support plan (PC/ISP) or school schedule are interrupted due to circumstances related to COVID-19:
    - BDDS will temporarily waive the 40-hour-per-week paid caregiver limitation on allowable family members for the following services:
        - Participant assistance and care; and
        - Residential habilitation and support (all levels)
    - BDDS will temporarily allow for respite services to be provided when the service of structured family caregiving is being furnished to the participant.
    - BDDS will temporarily allow respite care services to be provided by paid family caregivers, including parent(s), stepparent(s), and legal guardian(s).
    - BDDS will temporarily allow for PAC, community habilitation and RHS to be provided to a minor by relatives, including parent(s), stepparent(s), and legal guardian(s) beyond 40 hours per week.
    - For participants utilizing the service rent and food for unrelated caregiver, BDDS will temporarily allow the unpaid person who normally provides care to the participant to receive caregiver pay under respite care services when existing services on the participant's person-centered individualized support plan (PC/ISP) are interrupted due to circumstances related to COVID-19.
2. BDDS will temporarily allow for SFC and PAC services to be provided by a participant's spouse.

Change in respite care services provider qualifications

BDDS will temporarily allow a provider, approved through BDDS and OMPP on or before March 1, 2020, for any HCBS service to add respite care services during the COVID-19 emergency.

Change in structured family caregiving required visits

Structured family caregiving requires two monthly visits by the provider. BDDS will temporarily allow the required visits to be completed by any combination of the structured family caregiving home manager and/or a registered nurse/licensed practical nurse.

Policy changes applying to CIH

Allowing RHS reimbursement for sleep staff

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 individual can be appropriately supported. Unplanned sleep time that is not previously discussed and agreed to by the IST is not allowable under this exception.