Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of September 1, 2020

Contents

Indiana's Appendix K: Emergency Preparedness and Response waiver amendments to the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH) was approved by the Centers for Medicare and Medicaid Services (CMS) with effective dates of March 1, 2020 through August 31, 2020.

The Indiana Division of Disability and Rehabilitative Services and Bureau of Developmental Disabilities Services has submitted updated Appendix K waiver amendment flexibilities for the FSW and CIH waivers with an effective date of September 1, 2020.

In advance of CMS' final approval on updated Appendix K waiver amendments, BDDS is implementing the following guidance and temporary changes to help mitigate any disruption the public health emergency is anticipated to have on standard modes and methods for service delivery to BDDS participants. The updated temporary policy changes are effective retroactively to dates of service on or after September 1, 2020. These temporary changes will remain in effect through at least December 31, 2020, including a small period after to allow the system to transition to pre-COVID-19 operations.

This updated guidance is effective as of March 4, 2021 with the implementation of updated Appendix K flexibilities.Any changes to impacted service flexibility areas in this guidance are noted in red.

PROVIDER CLOSURES / VISITOR RESTRICTIONS / OTHER SIGNIFICANT SERVICE CHANGES

Providers should continue to notify BDDS of the following:

- Service or Site Closure / Suspensions
- Visitor restrictions
- 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 as directed below.

Providers should e-mail the following details to either their Local District Manager or to BQIS.Help@fssa.in.gov:

- Specific services impacted
- Number of individuals impacted for each service
- 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

PROVIDER RE-OPENING REPORTING GUIDANCE

Providers moving to re-open services that were previously closed or significantly changed due to COVID-19 are asked to submit information regarding their re-opening plan using the "BDDS Providers - Notification of Re-Opening of Services" form. Completing and submitting this form will ensure that we have consistent and comprehensive information from every provider on their re-opening process. To complete this form you will be asked to provide:

- your provider name, provider contact name, contact phone and email
- services re-opening

- narrative describing how your agency utilized a person-centered approach to re-opening, including an example
- narrative describing any visitor restrictions being implemented during re-opening, how the restrictions were determined, and an example
- re-opening date(s)
- estimated number of impacted individuals in each service on each re-opening date
- date individuals and families were notified of re-opening plans
- date in which your agency will re-evaluate the re-opening plan for each service
- date in which your agency will submit update information regarding re-opening.

Please note - once you begin the form, you may not save and return to it. With this in mind, please be sure to gather the information referenced above prior to initiation. Assuming you have ready access to the information described above, the form should take no more than 15 minutes to complete.

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 a participant tests positive for COVID, when the participant's healthcare provider indicates that the individual is presumed COVID positive.

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 using these modified timelines.

UPDATED QUARANTINE GUIDANCE

Vaccinated Staff

Per the CDC, long-term care staff, which includes Direct Support Professionals and other provider staff in both SGL and HCBS waiver settings, who have completed a vaccine series do not need to quarantine after exposure to someone with suspected or confirmed COVID-19 if they meet all of the following criteria:

- Are fully vaccinated – At least 2 weeks following the receipt of the second does in a 2-dose vaccine series (e.g., Pfizer, Moderna), or at least 2 weeks following the receipt of one does in a 1-dose vaccine series (e.g., Johnson and Johnson).
- Are within 3 months of the last dose in their vaccine series, or within the time frame the CDC recommends should they extend this time as additional data comes out
- Are asymptomatic after the exposure.

If staff do not meet the preceding criteria, they need to quarantine after exposure to someone with suspected or confirmed COVID-19.

Vaccinated staff who do not quarantine should still be monitored for symptoms after a known or suspected exposure. Anyone who develops COVID-19 symptoms after an exposure, regardless of vaccine status, should be considered presumed positive and follow the same testing, quarantine, and isolation protocols as unvaccinated staff.

Regardless of vaccine status, staff exposed to persons with COVID-19 in the workplace while wearing appropriate and IDOH recommended PPE do not need quarantine.

Unvaccinated Staff

Per the CDC, there are different quarantine recommendations for persons who have not completed a vaccine series. Fourteen (14) days continues to be the recommended period for quarantine for long-term care staff as it provides the lowest transmission rate. If a provider is experiencing a staffing crisis, the IDOH will recognize, in addition to the 14-day quarantine, any of the following quarantine time frames for staff who have not completed a full vaccination series:

- ***After 10 days*** – Staff who are in quarantine secondary to having close contact with someone who has newly tested positive can be released from quarantine after 10 days following the most recent day of exposure if they have NOT developed COVID-19 symptoms.
- ***After 7 days*** – Staff who are in quarantine secondary to having close contact with someone how has newly tested positive for COVID-19 can be released from quarantine after 7 days following the most recent day of exposure if they have NOT developed COVID-19 symptoms AND have a negative COVID-19 test performed on day 5, 6, or 7 of quarantine. Staff must wait until they have the results of their test (and it is negative) before they return to work.

Because the shorter quarantines increase the risk of spread of COVID-19, it is recommended that staff returning to work from a 7- or 10-day quarantine strictly adhere to mask mandates and reduce their contact with other staff as much as possible until 14 days after their quarantine began.
Residential settings not experiencing a staffing crisis should continue to follow the recommendation of 14-day quarantine.

Individuals, Family Members, & Visitors

Quarantine requirements for individuals, family members, and visitors remains unchanged for vaccinated or unvaccinated individuals who have come into close contact with someone who has newly tested positive for COVID-19.

COVID-19 REPORTING FOR CONGREGATE RESIDENTIAL SETTINGS

On April 10, 2020, the Bureau of Developmental Disabilities Services issued guidance regarding the Indiana State Department of Health's order requiring COVID-19 reporting for long-term care facilities, prisons, jails and other congregate housing. This guidance includes reporting for congregate residential settings supported by BDDS. Congregate residential settings include Medicaid home and community based waiver settings serving two or more individuals and community residential facilities for persons with developmental disabilities (ICF/IDDs and SGLs), as defined in 460 IAC 9-1-2.

The order requires all congregate residential settings supported by BDDS to report the following within 24 hours:

- Any resident who tests positive for COVID-19;
- Any employee who tests positive for COVID-19;
- Any confirmed positive COVID-19 related death OR suspected COVID-19 related death of an individual; and
- Any confirmed positive COVID-19 related death OR suspected COVID-19 related death of an employee.

To comply with ISDH's order, BDDS has implemented a process to streamline these reporting requirements and minimize the need for duplicate reporting.

Providers shall continue using BDDS's Incident Management System *to report COVID-19 individual information*. BDDS is requiring congregate residential providers to submit the following additional information through the traditional online incident reporting system (found here BDDS Reportable Incident website).

The incident report shall include all the information you are normally required to report, in addition to the information below that can be included in the *narrative* of the incident report. BDDS will then take the lead in collecting the reported information that was filed in the incident reporting system and import it daily into the ISDH online form.

- Total number of individuals living in the home.
- Total number of staff working in the individual's home.
- Did the individual have any symptoms during their illness? (Yes, No, Unknown)
- Did the individual have a chest x-ray? (Yes, No, Unknown)
- What type of specimens were collected, if known? (e.g. NP Swab, OP Swab, Sputum, Other)
- For confirmed positive cases, what was the date the COVID-19 specimen was collected, if known?
- What was the symptom resolution date?
    - If symptoms have not resolved, indicate such.
- Was/is the patient hospitalized for this illness? (Yes, No, Unknown)

Providers must also report information about an employee. Providers should not use the BDDS Incident Management System to report employee cases. Rather, *to report COVID-19 employee-specific information*, providers shall using our online COVID-19 Employee Reporting Form.

SUSPENSION OF NEW PROVIDERS

As of September 1, 2020 provider enrollment is now open.

SUSPENSION OF PROVIDER REVERIFICATION

As of September 1, 2020 provider reverification is resumed.

COMPLAINT INVESTIGATIONS AND CAPS

BDDS and BQIS will evaluate the need to extend deadlines on complaint investigation responses and corrective action plans (CAPs) on a case by case basis.

REOPENING EFFORTS AND INDIVIDUAL RESTRICTIONS

Executive Order 20-26 provides a measured and staggered approach to reopening businesses and entities over five stages. It is important to note that all counties were permitted as of July 4th to advance to Stage 4.5; however, COVID-19 trends in specific counties are changing rapidly and should be closely monitored as a key component to inform individual and IST decision-making. As with any Indiana business, providers are expected to adhere to the safeguards and guidance contained in the Executive Order. In supporting individuals during this time, providers are cautioned against applying blanket policies that restrict individual rights. Rather, providers should work with the individual, their family, case manager, and other team members to identify whether and to what extent to implement restrictions on visitors and/or activities outside of the home based on balancing what is important for the individual relative to their health, their household structure, and related issues with what is important to the individual. These discussions should support the individual in informed decision-making by providing them with information about what is currently

permissible under the Executive Order and what risks are represented in those activities. As BQIS receives complaints in this area, they will be looking for documentation that demonstrates any restrictions were arrived at through an individualized, person-centered approach.

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.

REQUIREMENTS FOR ALL INDIANA EMPLOYERS

Executive Order 20-26 requires that all Hoosier employers develop a plan to implement measures and institute safeguards to ensure a safe environment and shall be provided to each employee or staff and posted publicly. This plan shall address, at minimum, the following points:

- Instituting an employee health screening process;
- Employing enhanced cleaning and disinfecting protocols for the workplace including regularly cleaning high-touch surfaces;
- Enhancing the ability of employees, clients, and individuals served to wash hands or utilize other personal hygiene measures such as use of hand sanitizer;
- Complying with social distancing requirements established by the CDC, including maintaining 6 feet of distance between both employees and individuals served whenever possible and/or employing other separation measures such as face coverings or environmental barriers;
- Addressing the needs of employees and individuals served who are determined to be at high risk of significant health issues related to COVID-19;
- Ensuring all staff, individuals served, and families have access to up-to-date information regarding the public health emergency and its impact on delivery of services; and
- Comply with all IOSHA standards

Additional guidance for businesses and employees that builds on the Executive Order is available at https://backontrack.in.gov/files/BackOnTrack-IN_BackOnTrack-IN_Guidelines-AllBusinesses.pdf

DAY SERVICE GUIDANCE

Under the 'Stay at Home' Order, Day Service locations have been permitted to 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 hoped to maintain this essential service, whenever feasible, to provide needed support to our families, particularly those that are essential workers, during this time.

- Please note, effective April 1, Division of Aging has closed programs supported through Adult Day Services on the A&D and TBI Waivers
- Programs supported through Adult Day Services on the FSW and CIH Waiver may continue to operate under BDDS's program guidance.

Day programs that remain open or are considering reopening are encouraged to follow CDC guidance and utilize the following guidance available on the Back on Track site - https://backontrack.in.gov/files/BackOnTrack-IN_Guidelines-AdultDayServices(Revised).pdf

Additional guidance and resources for day service providers and case managers is located on the DDRS COVID-19 web page.

GUIDANCE FOR VISITORS

As Indiana begins to take steps to get "Back on Track", the Division of Disability and Rehabilitative Services, in partnership with the Indiana State Department of Health, are providing the following updated guidance for visitor and other restrictions impacting ICF/IDD and other congregate residential settings.

The guiding principles behind this updated policy guidance are to

- recognize and accommodate the wide variety of circumstances experienced by individuals residing in these settings,
- help prevent the spread of COVID-19 and keep people safe, and
- empower person-centered decision-making for self-advocates, families, case managers, and providers.

With this in mind, providers are empowered to determine whether and to what extent to apply restrictions similar to those being utilized in nursing facility settings for visitors; attendance at work and/or day program; and other activities (including travel) outside the home on a setting by setting basis. This allows appropriate application of restrictions based on the needs and circumstances of the individuals living in the setting. It also helps to avoid the application of blanket restrictions that may be overly broad and restrictive.

In making these determinations, providers should consider the following:

- Individuals residing in the setting should be engaged in discussions related to making these determinations to the greatest extent possible. These settings are their homes and these individuals should have the support, information, and resources needed for them to be an active decision-maker in the discussion.
- If individuals residing in the setting (and/or their families and guardians) do not agree on restrictions on visitors, all individuals' support teams should convene as a group to discuss and make these determinations.
- If the majority of individuals in a setting are in the CDC's high risk category (e.g., age> 65 and/or people who have severe underlying medical conditions like heart or lung disease or diabetes), the setting should follow restrictions similar to those being utilized in nursing facility settings - https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_04.29.20.pdf.
- If there are active cases of COVID-19 in the setting (involving staff or individuals) restrictions on visitation should be considered to prevent community spread. In addition, measures should be implemented to mitigate how many homes staff work in to decrease spread across settings. If staff work in a COVID positive home consider having staff only work in that home. Also, providers should encourage any staff who have additional employment outside your agency to notify their other employers regarding exposure.
- For all settings, policies and procedures should be in place that describe how to:
    - Keep individuals, their families, and staff informed of your agencies plans for addressing COVID related needs.
    - Keep individuals, their families, other providers, and staff informed of the COVID status in the home. All should be informed if there are new COVID positive or presumed positive cases. This communication should include actions that are being taken to prevent further spread of COVID-19 and how to reach a staff person if they have questions.
    - Document any outside visitors to the home (including the date of visit, visitor name, and visitor contact information). Any visitor who was present in the home within 48 hours of when an individual or staff who is confirmed COVID positive was tested, or who was present in the home within 48 hours of a staff or resident developing symptoms that are confirmed or presumed to be from COVID-19 should be notified of the possible exposure, as soon as possible.
    - Monitor individuals, staff, and visitors (when it is determined that visitors are permissible in the setting) for symptoms of COVID-19 including fever, respiratory, or other symptoms like loss of taste and smell. Providers should also consider adding questions about whether the individuals, staff, and visitors live

with a current COVID positive individuals. Visitors or staff with symptoms should be restricted from entry

- Support hand and respiratory hygiene, as well as cough etiquette by individuals, visitors, and staff, including having hand washing and/or alcohol hand rub available at the setting entry and supplies of alcohol hand rub for staff to use before and after resident interactions.
- Continue to follow social distancing requirements within the setting, particularly during meals or other times when individuals may be engaging in common activities or areas.
- Consider how individuals are storing toothbrushes to minimize exposure. Consider utilizing disposable toothbrushes for COVID positive individuals.
- Require daily deep cleaning of the home using CDC guidance and approved cleaning solutions
- Require all staff having direct contact with individuals should wear a mask for the duration of their shift. Hospital/surgical masks are recommended, however if such masks are not available, providers are encouraged to follow CDC Strategies for Optimizing the Supply of Facemasks.
- Provide infection control training (including cleaning and disinfecting protocols for high touch areas), supplies, and ensure easy and correct use of PPE.
- Identify strategies to:
    - Quickly respond if an individual or staff presents with COVID-19
    - Care for individuals with COVID-19 while protecting others in the setting.

GUIDANCE FOR ACTIVITIES OUTSIDE THE HOME

The Division of Disability and Rehabilitative Services, in partnership with the Indiana State Department of Health, are providing the following updated guidance for attendance at work and/or day program and other activities (including travel) outside the home impacting individuals residing in ICF/IDD and other congregate residential settings.

The guiding principles outlined in the "Guidance for Visitors" above also apply to this guidance. With this in mind, providers are empowered to determine whether and to what extent to apply restrictions similar to those being utilized in nursing facility settings for attendance at work and/or day program and other activities (including travel) outside the home on a setting by setting basis. This allows appropriate application of restrictions based on the needs and circumstances of the individuals living in the setting. It also helps to avoid the application of blanket restrictions that may be overly broad and restrictive.

In accordance with the restrictions being utilized in nursing facility settings for voluntary leaves or activities outside the facility, providers should consider the following:

- If there are active cases of COVID-19 in the setting (involving staff or individuals) restrictions on activities outside the home and leaves should be considered to prevent community spread.
- When participating in activities outside the home, individuals should take precautions with social distancing, hand hygiene, and wearing face coverings. These individuals do not require transmission based precautions upon their return but should be monitored for symptoms.
- All providers should strongly discourage activities and leaves (including travel) outside the home of any length, when hand hygiene, face covering, and social distancing requirements will not be followed; or when the activities or leave will occur in Indiana counties or states where COVID-19 positive cases are increasing. Such activities and leaves create increased risks of COVID-19 exposure to the individuals who leave and return, as well as others having contact with the returning individual.
- If an individual (including family and legal guardians) participates in activities outside the home or leaves from the home lasting more than one day (including travel), without following all precautions for infection control (i.e. social distancing of at least six (6) feet, face coverings, and hand hygiene), and the provider has a reasonable basis for concluding the individual will pose a COVID-19 exposure risk if allowed back in the home, the provider may ask the individual to quarantine with their family for 14 days and test negative for COVID-19 prior to returning.

GUIDANCE FOR PERSONAL PROTECTIVE EQUIPMENT (PPE):

- Surgical masks have been recommend for use by direct support professionals. If surgical masks are not available, providers are encouraged to follow CDC Strategies for Optimizing the Supply of Facemasks https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
  - CDC Guidelines for cloth facemasks are available here - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.
- In general, PPE should be used conservatively and reuse if possible. The CDC offers several resources for optimizing PPE, including:
  - Strategies for Optimizing the Supply of Eye Protection
  - Strategies for Optimizing the Supply of Isolation Gowns
  - Strategies for Optimizing the Supply of Gloves
  - Strategies for Optimizing the Supply of N95 Respirators
- The CDC has published frequently asked questions relative to PPE which is located here - https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html
- The CDC has provided guidelines for donning and doffing PPE. It is important for Health Care Providers (HCP) to perform hand hygiene before and after removing PPE. Hand hygiene should be performed by using alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.
- In considering your agency's PPE needs, providers may want to consider using the CDC's PPE Burn Rate Calculator to determine your agencies average PPE consumption rate - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

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 ICF/IDD ADMISSIONS & LEAVES:

As Indiana continues to take steps to get "Back on Track", the Division of Disability and Rehabilitative Services, in partnership with the Indiana State Department of Health, are providing the following updated guidance regarding new admissions, including in person visits.

The guiding principles behind this updated policy guidance are to:

- recognize and accommodate the wide variety of circumstances experienced by individuals residing in these settings,
- help prevent the spread of COVID-19 and keep people safe, and
- empower person-centered decision-making for self-advocates, families, case managers, and providers.

With this in mind, providers are empowered to develop and implement a plan for supporting safe in-person visits for individuals considering placement and for accepting new admissions. In developing such a plan, providers should consider the specific needs, health considerations and risk factors of the individuals currently residing in the home, as

well as of the potential new housemate. *Providers must share their completed plan with the Director of Facility-Based Services Kira Kimmel before proceeding with a visit and/or admission.*

When a visit and/or admission is being considered, the IDT, including BDDS Service Coordinator, should be actively communicating regarding the individual being considered, the home, considerations for why the visit and/or admission should move forward, and what precautions are being made to ensure the safety of all involved. If the individual and their family/guardian wish to move forward with a visit and possible move to the home, the IDT should discuss and determine an appropriate, individualized transition plan.

In developing their plan and in making these determinations, providers should consider the following:

- If the majority of individuals in a setting are in the CDC's high risk category (e.g., age> 65 and/or people who have severe underlying medical conditions like heart or lung disease or diabetes), the setting should follow restrictions similar to those being utilized in nursing facility settings - https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_04.29.20.pdf.
- If there are active cases of COVID-19 in the setting (involving staff or individuals) restrictions on visitation should be considered to prevent community spread.
- Each home should continue to actively screen all individuals, staff, and visitors for symptoms of COVID-19 including fever, respiratory, or other symptoms like loss of taste and smell. Providers should also consider adding questions about whether the individuals, staff, and visitors live with a current COVID positive individuals. Visitors or staff with symptoms should be restricted from entry
- All visitors entering the home should have a facemask and additional precautions such as hand hygiene and social distancing should be expected.
- Prior to visits occurring, providers should share and discuss with individuals and families their current policies/procedures and expectations of staff, individuals, families and visitors to the home, including:
    - PPE guidelines,
    - Strategies in place for infection control practices – cleaning of spaces, frequently touched areas, handwashing, wearing masks and social distancing.
    - Strategies for notifying the individual and family if they were exposed to a COVID positive individual during their visit.
- Ensuring that their plans are developed and implemented consistent with federal, state, and local authorities, including specific guidance issued by the Bureau of Developmental Disabilities Services.

Therapeutic Leave

The limit of 60 calendar days of therapeutic leave has been modified to 180 calendar days of therapeutic leave per calendar year. The requirement for a physician's order for therapeutic leave has been waived.

SGL providers can bill the leave rate when an individual is on therapeutic leave for up to 180 days per calendar year.

These flexibilities have been extended to December 31, 2020.

If an individual is admitted to a Nursing Facility, the SGL provider must discharge the individual.

The team should be meeting and documenting the use of therapeutic leave and the plan for transitioning the individual back home.

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) month as valid.

- 'Another entity' is any business registered with the Indiana Secretary of State (e.g. another HCBS provider, a school, etc.).
- The limited criminal history check conducted through the Indiana Central Repository must be requested prior to hire.

2. Prior to hire, a county-level criminal history check must be 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.

3. BDDS will temporarily waive the requirement for a provider to conduct a tuberculosis (TB) 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 one hundred and eighty (180) 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 (CPR) / 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. Online training is acceptable at this time. 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 individual, and be available for post-payment review.
- The provider and/or individual 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 individual.
- 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.
- At this time, CoreMMIS does NOT allow modifier GT to be billed with HCBS claims. That does not mean HCBS providers cannot provide services via telemedicine. Rather, providers will need to record the service was performed via telemedicine in the individual or providers' record.

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-telemedicine/index.html.

To view OMPP Webinars on telemedicine and other topics, please visit https://www.in.gov/medicaid/providers/1014.htm

Under this guidance, the following Home and Community Based services, when appropriate during the public health emergency and at the request of the individual and/or legal guardian, could 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

Providers of these services are essential workers therefore when necessary and when typical precautions can be observed, appropriate face to face meetings should occur. The delivery of these services via telemedicine should be at the direction and request of the individual and/or guardian.

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.

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.

Remote Supports are available on the CIH and FS waivers 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 continue to receive appropriate supports and assistance. Case Management is a front-line 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. However, 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 (BMR) 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 – 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 Team. 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 (PC/ISP) timelines

Person-Centered Support Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The case manager will verify by obtaining electronic signatures/or electronic verification via secure email consent from service providers and the individual or representative in accordance with the state's HIPAA requirements.

The case manager will ensure the support plan is modified to allow for additional supports and/or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration, and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The case manager must submit the request for additional supports/services no later than 30 days from the date the service begins.

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

1. 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.

2. 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.

3. 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. Case managers are essential employees therefore when necessary and when typical precautions can be observed, appropriate face to face meetings should occur. Phone (or virtual) meetings should be utilized at the request of the individual and/or family. 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, cafés, etc., 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 '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 individuals 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 (PAC) setting, Structured Family Caregiving 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. The temporary service setting may not exceed thirty (30) days for each participant.
2. BDDS will temporarily expand settings where Day Habilitation may be provided.
    - Day Habilitation 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. The alternate service delivery in an ICF setting may not exceed thirty (30) days for each participant.
3. BDDS will temporarily expand settings where 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, 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. The alternate service delivery in an ICF setting may not exceed thirty (30) days for each participant.
4. BDDS will temporarily expand settings where Structured Family Caregiving (SFC) may be provided. If the support for a participant's Residential Habilitation and Support (RHS) 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. This is not a requirement in cases where a direct support staff is temporarily residing in an individual's home, but rather an option for the team to consider, particularly if it is anticipated that direct staff will be residing in the home for longer than 30 days.
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 handwrite 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 handwrite on the pick list the individual's provider selection, 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

The flexibilities allowed under Appendix K for families as caregivers must be utilized in response to a COVID-19 related need that creates a temporary, immediate need for intervention and response to ensure an individual's health and safety. In addition, these flexibilities must be utilized within the individual's existing budget.

Families and individuals should work with their case manager and team to determine if their current situation falls within the necessary criteria of Appendix K to access any of these flexibilities. The following questions should be considered in making this decision:

1) Is the disruption in current services due to the individual receiving services and/or current direct support professional having a positive test for COVID-19 or confirmed exposure of COVID-19 which creates an immediate need for intervention and response to ensure their health, safety and well-being? (Note: The 'stay at home order,' schools being closed or closures of non-waiver entities are not sole qualifying circumstances.)
2) Is the service critical to the health, safety and well-being of the individual?
3) Use the Integrated Support Star, or other similar tool, to identify other appropriate alternatives that are available to support the individual including other HCBS services, natural supports, technology, etc.
4) Is the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community based waiver services?
5) For more examples and information see *Determining what support options should be explored during COVID-19 public health emergency* later in this document

If it is determined that these flexibilities are warranted, the following options may be used on **temporary basis up to a total of 30 consecutive days per occurrence when the individual receiving services and/or the current direct support professional has a positive test for COVID-19 or confirmed exposure of COVID-19**:

- Parent(s), stepparent(s), and legal guardian(s) will temporarily be allowed to provide services to minors up to 40 hours per week but not exceeding the current plan approved units to (as direct support staff via an existing BDDS approved provider) who are currently using or have a documented intent to use only the following services:
    - Participant assistance and care (PAC) available on the FSW
    - Day habilitation available on the FSW and CIH
    - Residential habilitation and support (RHS) available on the CIH
- An adult spouse will temporarily be allowed to provide services to an adult individual up to 40 hours per week but not exceeding the current plan approved units to in the following services:
    - Structured family caregiving (SFC) available on the CIH
    - Participant assistance and care (PAC) available on the FSW
- The 40-hour-per-week per paid caregiver limitation will be temporarily waived for adult participants by one sole paid caregiver providing over 40 hours of service for:

- Participant assistance and care (PAC) available on the FSW
- Residential habilitation and support (RHS) available on the CIH

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 as outlined above.

In situations where services are being provided to a minor by parents, stepparents and legal guardians, these waiver supports must not be used to supplant or replace services that would otherwise be funded by and the responsibility of another funding source, such as a school district, to provide.

When applicable, paid caregiver hours would be subject to overtime rules.

Existing services are those services that have been authorized in the current Cost Comparison Budget as of March 1, 2020.

Remember - these changes are temporary, must meet a COVID-19 related need and be used within your current waiver budget.

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 with a minimum of one visit occurring face to face.

Determining what support options should be explored during COVID-19 public health emergency:

The COVID-19 pandemic has effected every part of our lives; therefore, it can be difficult to determine where to turn for assistance when typical services or routines have been disrupted. The following table may assist teams when determining if an individual's needs may be addressed through the home and community based waiver or other support options:

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.*

POLICY CHANGES APPLYING TO CIH:

Allowing RHS Reimbursement for Sleep Staff

Allowance for staff to say overnight in the residence to be available in emergent situations where an individual has been quarantined to their home with staff due to COVID-19 exposure or positive testing and no other staff or means to support the individual have been established such as remote supports, family or natural supports. May occur for a maximum of 30 days from the initial determination. During this time the team will be required to determine and plan for alternate supports as soon as feasible.

POLICY CHANGES APPLYING TO FSW:

COVID-19 Priority Category

Effective June 30, 2020, BDDS has implemented a temporary priority category for entrance to the Family Support Waiver for an individual or primary caregiver that currently (or within 14 calendar days of application) has tested positive for the COVID-19 virus or has been quarantined by a health care provider/health department due to COVID-19. Individuals who believe they may qualify for this temporary priority category should contact their local Bureau of Developmental Disabilities Services office for more information.

Changes in Targeting from Waitlist

During the pandemic, the service delivery system resources have been primarily focused on meeting the needs of individuals currently receiving services. To accommodate for this focus and with the addition of the COVID-19 temporary priority category, BDDS will temporarily reduce monthly targeting of new individuals off of the FSW waitlist from 300 individuals per month to 150 individuals per month.