IAHHC

April 11, 2024

HCBS Informational Session

AGENDA

- HCBS Program Options
  - Attendant Care (No LRI Option)
  - Structured Family Care (LRI Allowed)
  - Integrated Health Care Coordination (No LRI)
  - Home Health Services (LRI Allowed)

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AGENDA

- Disclaimer
  - This presentation is not legal advice. Please seek out counsel for legal advice.

IAHHC

Introduction

- Who am I and what is IAHHC?
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Discussion

- Our environment is very fluid
  - MLTSS was enough to bring some challenges.
  - Budget overrun has magnified this and created many unknowns.

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Attendant Care

- Attendant Care
  - Aged and Disabled Waiver (currently)
    - PathWays and Health & Wellness in the future
  - PSA or Home Health Agency
  - Training Requirements
    - Each agency must evaluate and has sole discretion to determine whether each employee is competent to perform attendant care services tasks. (Ind. Code 16-27-4-16)
  - LRI Issues

Structured Family Care

- Currently provided under the A&D waiver and in future will be on both PathWays and Health and Wellness.
- Provider Types: Personal Services Agency, Home Health Agency, Division of Aging Approved
- Rules Mirror those of Attendant Care (455 IAC 2)
- LRI Possible
- IAHHC Areas of Focus
  - Enrollment of Providers
  - Nurses within a Personal Services Agency
  - Capacity Issues

Integrated Health Care Coordination

- Provider Types
  - Home Health Agency, Adult Day Facility, Assisted Living Facility, FSSA DA-approved Physician Practice
- Service Activities
  - Healthcare Support Plan
  - Physician Collaboration
  - Medication Review
  - Transition Care
  - Advance Care Planning
- No LRIs
- Provider Types
  - RN, LPN, LSW

Home Health

- Licensed by Department of Health
- Services:
  - Nursing
  - PT
  - OT
  - ST
  - Medical Social Services
  - Home Health Aide
  - Palliative Care

Statutes & Rules

- Federal Statute (42 U.S.C. 1395)
- Conditions of Participation (42 C.F.R. 484)
- State Statute (Ind. Code 16-27)
- State Rules (410 IAC 17)

Home Health Aides

- An individual who provides home health aide services. Ind. Code 16-27-1-4 and 410 IAC 17-9-7.
- Home Health Aide Services
  - Always performed under supervision (RN).

Home Health Aide

Training Requirements

- A family member can be hired as a home health aide but must be trained and treated just as any other employee.
- To perform a skilled task (e.g. suction a trach), an immediate family member can determine when suctioning is necessary.
  - Limited Exception
  - Still need to clock out (billing issues).
  - Non-immediate family member must consult a nurse (aide cannot provide nursing services, cannot assess).
- Must have completed one of the following
  - A training and competency program
  - A competency evaluation program
  - CNA training and competency evaluation (on the CNA registry)
- Must also have been active within the last 24 months to avoid needing the full training program

Home Health Aide

Training Requirements

- What does the Training Program look like?
  - Includes classroom and supervised practical training
  - Total of 75 hours
  - 16 hours of classroom must precede 16 hours of supervised training as a part of the 75 hours

Home Health Aide

Training Requirements

- What topics must be included?
  - Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.
  - (ii) Observation, reporting, and documentation of patient status and the care or service furnished.
  - (iii) Reading and recording temperature, pulse, and respiration.
  - (iv) Basic infection prevention and control procedures.
  - (v) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
  - (vi) Maintenance of a clean, safe, and healthy environment.
  - (vii) Recognizing emergencies and the knowledge of instituting emergency procedures and their application.
  - (viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy, and his or her property.

Home Health Aide

Training Requirements

- What topics must be included?
  - (ix) Appropriate and safe techniques in performing personal hygiene and grooming tasks that include—
  - (A) Bed bath;
  - (B) Sponge, tub, and shower bath;
  - (C) Hair shampooing in sink, tub, and bed;
  - (D) Nail and skin care;
  - (E) Oral hygiene;
  - (F) Toileting and elimination;
  - (x) Safe transfer techniques and ambulation;
  - (xi) Normal range of motion and positioning;
  - (xii) Adequate nutrition and fluid intake;
  - (xiii) Recognizing and reporting changes in skin condition; and
  - (xiv) Any other task that the HHA may choose to have an aide perform as permitted under state law.

Home Health Aide

Training Requirements

- Dementia Training
  - Indiana now requires 6 hours of dementia training for Aides providing care to an individual with Alzheimer's Disease, Dementia, or a related cognitive disorder.
  - 3 hours of Inservice on dementia for Aides working for one year.

Home Health Aide

Continuing Education/In-Service Training

- 12 hours per 12 month period
- (1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff. (2) Observing, reporting, and documenting patient status and the care or service furnished. (3) Reading and recording temperature, pulse, and respiration. (4) Basic infection control procedures and universal precautions. (5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. (6) Maintaining a clean, safe, and healthy environment. (7) Recognizing emergencies and knowledge of emergency procedures.

Home Health Aide

Continuing Education/In-Service Training

- (8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property. (9) Appropriate and safe techniques in personal hygiene and grooming that include the following: (A) Bed bath. (B) Bath, sponge, tub, or shower. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (10) Safe transfer techniques and ambulation. (11) Normal range of motion and positioning. (12) Adequate nutrition and fluid intake. (13) Medication assistance. (14) Any other task that the home health agency may choose to have the home health aide perform.

Home Health Aide

Continuing Education/In-Service Training

- (8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property. (9) Appropriate and safe techniques in personal hygiene and grooming that include the following: (A) Bed bath. (B) Bath, sponge, tub, or shower. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (10) Safe transfer techniques and ambulation. (11) Normal range of motion and positioning. (12) Adequate nutrition and fluid intake. (13) Medication assistance. (14) Any other task that the home health agency may choose to have the home health aide perform.

Home Health Aide

Resources

- RCTC
  - IAHHC has developed online curriculum for training to be a home health aide (maximum allowed amount for online component)
  - In-service hours and topics all covered through RCTC

Question and Answer Session

- Can they still get PA nursing if using SFC?
- Can they get skilled respite while using SFC?
- Can they become a home health aid for their own child (can they work for a home health agency getting paid through PA if it is their own child), and if so, how would that work.
- I have heard the state is capping hours for both waivers and PA. Is that true, and if so, what are the caps?
- Unfortunately SFC as it stands is a poor fit for pediatric members on the waiver and shows a poor understanding of the needs of pediatric members and their LRI caregivers. Have you received any guidance from FSSA regarding SFC for the pediatric population or any indication from them as to when it will be available?
- Is there a way to ensure the nursing through SFC is appropriate for medically complex children?

Question and Answer Session

- Can caregivers provide home health PA hours and SFC together?
- Will PA home health hours be cut due to receiving SFC?
- "Respite for the family caregiver for a maximum of fifteen (15) days per calendar year (funding for this respite is included in the per diem paid to the provider agency, the actual service of Respite Care may not be billed in addition to the per diem). In discussing this with providers, there is a large difference in how this is perceived. Some believe it to be the equivalent of 15 days=360 hours/year (15 days*24hours) whereas, others believe they just have to provide some portion even if just a small increment (hour, etc), 15 days out of the year. Do you know of any written guidance to ensure families are receiving adequate support? Fifteen hours versus 360 differs greatly

Question and Answer Session

- "Paid respite services must be provided by a qualified caregiver familiar with the participant's needs during those times when the principal caregiver is absent from the home or otherwise cannot provide the necessary level of care." What then happens if the Respite staff is not permitted to provide the skilled level of care the individual requires?
- Some orgs have the ability to pursue expedited approval. How long do they have to submit everything to FSSA for review and final approval/denial?
- When do they officially get added to the picklist as a choice?
- When will picklists be generated for TBI? This isn't a current service so none exist.
- With such a HUGE surge in demand and such a short timeframe for selecting a provider, the system for submitting/approving service plans will be overloaded. There will be a small window in which they can be submitted. How can families ensure there isn't a gap in services? Is there a plan for FSSA to handle such a surge?

Question and Answer Session

- If Tier determinations aren't yet defined (as of 4/4/24, according to cm company, they haven't been), how will there be adequate time to complete all steps appropriately?
- What happens if a family finds that there aren't providers in their area? While some organizations claim to serve the entire state this doesn't mean they have the staffing across the entire state to do the required visits. What happens if a family cannot secure their own respite staff as organizations dictate?

Question and Answer Session

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