DBMD Quarterly Webinar

December 7, 2018
DBMD Webinar Agenda

• Introductions/Welcome
• DBMD Program Updates
• Electronic Visit Verification (EVV)
• Trauma Informed Care with an emphasis on the DBMD population
• Questions/Closing comments
DBMD Program Updates
Critical Incident Reporting

Effective 12/1/18, CLASS and DBMD providers are required to submit critical incident reports to HHSC by the last calendar day of the month following the incident.
CLASS/DBMD Notification of Critical Incidents Form

• Form is located at: http://texashhs.force.com/NCIForm

• May report multiple incidents on one form
• May not report for multiple individuals on one form
• Timelines:
  • Must report a critical incident to HHSC by the last calendar day of the following month.

  **based on date of awareness**
**Form 3694 IPC Cover Sheet**

**Texas Health and Human Services Commission (HHSC)**

**To:** Texas Health and Human Services Commission (HHSC)

<table>
<thead>
<tr>
<th>Program</th>
<th>Dual Blind with Multiple Disabilities (DBMD) Program</th>
</tr>
</thead>
</table>

**Mailing Address:**

- Physical Address: 701 W. 31st Street, M.C. W-021
- Austin, TX 78751

**FAX:**

- 512-438-8135

**Provider Agency:**

- Case Manager

**Name of individual (Last, First, M):**

- Indicated

Patient submitted to HHSC Programs includes the following forms. Those with an asterisk are "if applicable."

### IPC Evaluation

- Form 5900, Individual Plan of Care (IPC) – DBMD/IPC
- Form 5978, Initial Dual-Blind-Related Condition Assessment
- Form 5990, Non-Webinar Seminar
- Form 6012, Adaptive Behavior Level (ABL) Assessment Summary (e.g., 2AA, 2BB, 2CC)
- Form 6020, Robot Condition Eligibility Scoring Instrument
- Form 6035, Initial Program Plan
- Form 6170, Documentation of Provider Choice
- Form 6158, CLASS/DSMD Nursing Assessment
- Form 6016, Prior Authorization for Dental Services*
- Form 6030, Specifications for Minor Home Modifications*
- Form 6070, Rationale for Adaptive Aids, Medical Supplies, and Minor Home Modifications*
- Form 6090, Initial Transportation Plan*
- Form 6033, DBMD Summary of Services Delivered

### IPC Transfer

- Form 5900, Initial Plan of Care (IPC) – DSMD/IPC
- Form 5951, Individual Program Plan

### IPC Revision

- Form 5900, Initial Plan of Care (IPC) – DSMD/IPC
- Form 5951, Individual Program Plan
- Form 5954, Prior Authorization for Dental Services
- Form 6070, Rationale for Adaptive Aids, Medical Supplies, and Minor Home Modifications*
- Form 6034, Specifications for Minor Home Modifications*

### Other

- Form 6036, Specifications for Minor Home Modifications*

### Provider Comments:
Other news

Stay tuned for DBMD alerts for rule updates

Next webinar—March 7 from 10 to 12—will include presentations on ways to become an intervener and procedural guidance on minor home modifications and adaptive aids

Please send topic requests to DBMDpolicy@hhsc.state.tx.us
HHSC
Electronic Visit Verification
EVV 101

Julia Turnini
Electronic Visit Verification Operations
Medicaid and CHIP Services
Agenda

- EVV Implementation
  - Programs required to use EVV
- What is EVV?
- How does EVV work?
  - Landlines
  - Alternative Device
  - EVV Mobile Method
- GUI

- EVV Transaction
  - What's next after I enter my Visit data?
- Visit Maintenance
- Reason Codes
- EVV compliance
- EVV State Model
EVV Implementation

Background:

• Texas Government Code, Section 531.024172 required HHSC to implement an EVV system to electronically verify personal care and attendant care services are provided to Medicaid recipients, including in managed care, in accordance with a prior authorization or plan of care.

• EVV replaced paper-based attendant timesheets.

• EVV visit records are used to match claims.

• EVV was implemented statewide in 2015 for certain Medicaid programs.
What is EVV?

EVV is a computer-based system that:
• Electronically verifies service visits occur; and
• Electronically documents the date and time services begins and ends.

EVV electronically documents the:
• Member receiving services
• Attendant providing services
• Location of service delivery
• Date of service delivery
• Time the attendant begins & ends service delivery
### Programs and Services Currently Using EVV

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915(c) Community Living Assistance and Support Services waiver</td>
<td>• CFC PAS/HAB (Agency)</td>
</tr>
<tr>
<td></td>
<td>• In-Home Respite (Agency)</td>
</tr>
<tr>
<td>1915(k) Community First Choice</td>
<td>• CFC PAS/HAB (Agency)</td>
</tr>
<tr>
<td>Community Attendant Services</td>
<td>• PAS (Agency)</td>
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<tr>
<td>Family Care</td>
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<tr>
<td>Personal Care Services</td>
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<tr>
<td>Primary Home Care</td>
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<tr>
<td>STAR Health</td>
<td>• CFC PAS/HAB (Agency)</td>
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<tr>
<td>Star Kids - Medically Dependent Children Program</td>
<td>• CFC PAS/HAB (Agency)</td>
</tr>
<tr>
<td></td>
<td>• In-Home Respite (Agency)</td>
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<td></td>
<td>• Flexible Family Supports (Agency)</td>
</tr>
<tr>
<td>STAR+PLUS</td>
<td>• CFC PAS/HAB (Agency)</td>
</tr>
<tr>
<td></td>
<td>• In-Home Respite (Agency)</td>
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<td></td>
<td>• Protective Supervision (Agency)</td>
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</table>
How Does EVV Work?

When an attendant provides services to an individual/member in the home or the community, the attendant must use one of three approved EVV time recording methods to clock in and out.

• EVV Mobile Method
• EVV Alternative Device
• Member’s home landline telephone
What is a home landline telephone?

• It is a device used when an attendant provides authorized services to an individual/member in the home or community

• The attendant has the option to use the individual/member’s home landline telephone to clock in when services begin and clock out when services end.
Check in/out Process: Home Landline Telephone

- Attendant call in upon arrival
- Enters the attendant number and client number
- Calls again when departing
Alternative Device

What is an Alternative Device?

- It is a HHSC approved device that is provided by the Electronic Visit Verification (EVV) vendor at no cost to the provider agency.
- The attendant will utilize the EVV Vendor’s device to collect the clock in/outs times.
Check in/out Process: Alternative Device

Upon arrival-
- Attendant writes a numeric code generated by EVV Vendor device

When departing, attendant writes down departure another numeric code

Calls in the codes to the EVV system or relays codes to provider agency to enter into EVV system manually
EVV Mobile Method

EVV Mobile Application

• The EVV vendor(s) may use an EVV mobile application (App) for clocking in and out.

• The EVV Mobile App captures the geolocation coordinates (longitude and latitude) of where the attendant clocks in and out.

• No Protected Health Information (PHI) is stored on the phone.
Check in/out Process: EVV Mobile Method

1. Attendant logs into the Application upon arrival.
2. Attendant selects the client receiving the services.
3. Clocks in and out by pressing clock in/out button.
Graphical User Interface (GUI)

• When the attendant does not use the EVV system, whether the reason is allowable or unallowable, and the provider agency is going to bill the payer for the visit, the agency must manually enter the visit pay hours into the EVV system.

• The visit method in and out is marked as Graphical User Interface (GUI).

• GUI entered visits should not be the norm but the exception.

• Payers will question an agency when they see frequent GUI visits.
EVV Transaction

• An EVV visit transaction is a complete, verified, confirmed visit consisting of the date of service and the actual time service delivery begins and ends.
• An EVV visit transaction is also made up of required data elements that identifies and links the individual/member to an attendant, an attendant to a provider agency, and a provider agency to a payer.
• EVV visit transaction(s) are matched to billed claims to verify authorized services occurred. Claims that are not supported by an EVV transaction may be denied or subject to recoupment.
What’s next after I entered all my visit data in the EVV system?

**Auto-verified visit:** Visits that matched the planned schedule and have no exceptions

**Verified Visit:** The number of visits for which all exceptions have been resolved through visit maintenance in the EVV System.
What’s next after I entered all my visit data in the EVV system?

• Your visit transaction will be sent to the EVV system to **auto-verified** the visit.

• If the visit is not auto-verified by the EVV system, provider agencies must complete visit maintenance to make necessary corrections to the visit.

• Once corrections have been made, the EVV system will attempt to **verify visit** the transaction.
Visit Maintenance

- If the EVV system cannot automatically verify an attendant visit against the schedule in the system.
- The provider must accurately reflect the visit data through visit maintenance.
- Visit Maintenance allows designated staff in a provider agency to edit records of EVV visits by reviewing, modifying and correcting certain data elements in the visit information.
Visit Maintenance (cont.)

• Providers must make adjustments and assign a HHSC-established reason code(s) and any required free text in the comment field to explain and clear the exception(s).

• Providers have 60 days from the date of the visit to perform visit maintenance in the vendor system.
Reason Codes

• A reason code is a standardized HHSC approved 3-digit number and description used to explain the specific reason a change was made to an EVV visit transaction.

• When the EVV system identities a difference between the planned schedule and what actually occurred, the system cannot auto-verify the visit and generates exception(s).

• The provider agency staff must clear exception(s) by adding the most appropriate reason code(s).
EVV Compliance

• The EVV compliance plan establishes a standard percentage of **Graphical User Interface (GUI)** visits a provider agency must maintain quarterly to ensure attendants use the EVV system appropriately.

**Graphical User Interface (GUI):** A manual entry of the visit pay hours into the EVV system.
Centralized Model with:
• State Data Aggregator
• Receives all visit data daily
• Reduces risk of data errors
• Standardized Validations
• Standardized Claims Matching
EVV Alerts

GovDelivery Alerts for EVV

• Provider agencies must sign up for EVV email updates and alerts by following the instructions found here: https://service.govdelivery.com/accounts/TXHHSC/subscriber/new

• Be sure to select Electronic Visit Verification as a Subscription Topic to get EVV alerts
Questions?

EVV questions can be sent to

electronic_visit_verification@hhsc.state.tx.us
Trauma Informed Care for Individuals with IDD

Nova Evans
Senior Behavioral Health Policy Analyst
# Reframe

<table>
<thead>
<tr>
<th>Behavior Management Plan</th>
<th>Positive Behavior Support Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with IDD sometimes have challenging behavior.</td>
<td>IDD does not cause challenging behavior. Everyone sometimes has “challenging” behavior.</td>
</tr>
<tr>
<td>Behavior management plans are for the person with IDD.</td>
<td>Behavior support plans are for the support staff / caregiver.</td>
</tr>
<tr>
<td>Behavior management plans help the person change their behavior.</td>
<td>Behavior support plans can support a person gain skills and improve mental wellness.</td>
</tr>
<tr>
<td>The only way to help a person with IDD who has challenging behavior is with a behavior plan and medication.</td>
<td>People with IDD can participate in many therapeutic and wellness activities just like anyone else.</td>
</tr>
</tbody>
</table>
Why do we behave?

Behavior is a means of communication

- Many things influence the way we behave:
  - Limited ability to verbally communicate (or communicate at all)
  - Medical conditions / Pain
  - Genetic conditions / Behavioral Phenotypes
  - Anxiety and Impulsivity
  - Mental Health Issues
  - Antecedents, Consequences, and Setting Events
  - Trauma
- The same behavior can mean many different things
Overshadowing

Diagnostic Overshadowing

The tendency to attribute a challenging or strange behaviors to a person’s disability instead of considering the possibility that an underlying physical or mental health condition could be the cause.
Co-occurring Mental Health Needs

• National statistics indicate that 30-35% of all people with an IDD have a co-occurring psychiatric disorder (NADD)
  • About 25% of all individuals with IDD have some level of anxiety throughout their lives versus 18% in general population.
  • Anxiety disorders are also likely underdiagnosed in the IDD population, as worry and general anxiety are abstract concepts needed to diagnose accurately anxiety.
Trauma

• Trauma causes an emotional response which results in feelings of fear, threat to life, horror, and helplessness.
• It comes from experiences that are physically or emotionally harmful, life threatening, and has lasting effects on the person.
• These effects can impact mental, physical, social, emotional and spiritual well-being.
• Has direct impact on the way we behave and respond to people, environment, demands, etc.
Trauma-Informed Care

- **Trauma-Informed Care (TIC)** is a framework that guides our principles, day to day operations, and relationships by creating:
  - A culture that recognizes, understands, prevents, and responds
  - Is sensitive to the impact of trauma on individuals, families and the workforce.
- TIC creates a safe environment for all individuals impacted by trauma by helping rebuild a sense of control, awareness and empowerment that can foster recovery and resilience.
Trauma-Informed Care

Shifts the focus from,
“What is wrong with you?”
to
“What happened to you?”
Adverse Childhood Experiences

Negative, long-lasting effects on health and wellbeing

- Adverse childhood experiences (ACEs) are stressful or traumatic events experienced in childhood:
  - Abuse (physical, sexual, emotional)
  - Neglect (physical, emotional)
  - Intimate partner violence
  - Mother treated violently
  - Substance misuse within household
  - Household mental illness
  - Parental separation or divorce
  - Incarcerated household member
Prevalence of Abuse and Victimization

• People with IDD experience trauma at a much higher rates than people without a disability.

• Includes trauma related to abuse, neglect, institutionalization, restraint and seclusion, extended hospitalizations, abandonment, bullying and other forms of maltreatment.

Financial abuse/exploitation for people with an IDD- 15.3%

*Percentages add up to more than 100 % because some children/people were victims of more than one type of maltreatment.

http://disability-abuse.com
Prevalence of Abuse and Victimization (cont.)

• Children with a disability are 3.4 times more likely to be abused compared to children without disabilities
• People with IDD have the highest rates of violent victimization
• Incidents are under-reported
• Abuse often ongoing
• Inherent imbalance of power
# Big “T” and Little “t” Traumas

<table>
<thead>
<tr>
<th>Major Events</th>
<th>Little “t” Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>Family Violence</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Neighborhood Violence</td>
</tr>
<tr>
<td>Neglect</td>
<td>Social Exclusion</td>
</tr>
<tr>
<td>Negative Events</td>
<td>Exclusion from Family</td>
</tr>
<tr>
<td>Grief and Loss</td>
<td>Frequent foster care or group home placements and lack of stability</td>
</tr>
</tbody>
</table>
PTSD in People with IDD

- Events that may not usually be considered traumatic can lead to PTSD (i.e. move to new residence)
  - More often exposed to conditions that are known to contribute to the development of PTSD (interpersonal violence and abuse, lower intellectual level, inadequate social and familial support, etc.)
  - May be more vulnerable and easily hurt by these events because they may not be able to process their thoughts as easily as others, or may have less access to social supports
Trauma Triggers

• A trigger is something that happens in the present that reminds the person of the negative past incident.
• Triggers are sights, sounds, smells or touches that remind a person of trauma.
• When a person is triggered they re-experience, or re-live the trauma.
• When a person is triggered they believe that he or she is in Danger.
• When a person is in a trauma response this is not the “Teachable Moment”.
Trauma Responses

Trauma Responses
- Running away (eloping)
- Getting irrationally upset
- Aggression
- Self-injurious behavior
- Selective mutism
- “Non-compliance”
- “False allegations”
- Being “manipulative”
- “Attention seeking”
- Avoidance
- Ritualistic behavior
Grounding Strategies

- Be aware of triggers in the person’s environment
- Listening to the person’s feelings
- Acknowledge the fear and empathize
- Being patient and undemanding
- Not engaging in power struggles
- Offering an alternative situation or stimulation that is calming such as deep breathing, music or going to a sensory room
- Use “grounding” strategies to help the person stay present and in reality
Ingredients Necessary for Post traumatic Recovery

Perceived Safety

Empowerment ↔ Connection
Establishing Safety

- It is essential that you build trust
- Ask about the person’s interests
  - Be genuine
- Acknowledge that the person may have some level of anxiety and explore options they may take to feel more comfortable
- Recognize that your role in the relationship is inherently one of unequal power
Establishing Connection

• Many people with an IDD are not given the opportunity or support to have meaningful social connections of their own choosing

• Be genuine and show dignity and respect

• Gets to know the person

• Spend time with the person doing things they enjoy

• Be clear and consistent

• Support the person in making meaningful choices for themselves by providing opportunities for learning and growth.
Empowerment

• Support people to:
  • Learn about themselves
  • Identify their inherent strengths
  • Develop a positive sense of identity
  • Foster creativity and imagination
• Make sure they have real choices over their life
• Positive Identity Development
**Empowerment**

<table>
<thead>
<tr>
<th>Negative Identity</th>
<th>Positive Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT the person Who I am</td>
<td>Who I am</td>
</tr>
<tr>
<td>NOT who gets the job What I do well</td>
<td></td>
</tr>
<tr>
<td>NOT the person who gets married Who my friends are</td>
<td></td>
</tr>
<tr>
<td>NOT the person who drives What my preferences are</td>
<td></td>
</tr>
<tr>
<td>NOT the person who plays on a high school sport team</td>
<td>Where I make a difference</td>
</tr>
<tr>
<td>NOT the person who is popular or liked. NOT the cool one.</td>
<td>What I am proud of.</td>
</tr>
</tbody>
</table>
Whole Person

- All aspects of life impact each other
- Consider every aspect of the person’s life
- Overlap in biological, psychological and social factors, and strengths contribute to a person’s overall mental health
- Always consider trauma and take a trauma-informed care approach
Recovery
Summary

• Approach the person by trying to determine, “What happened to him/her?”, “How can I help?”, instead of asking “What’s wrong with him/her?”

• Focus on building a trusting relationship by supporting the person rather than making choices for him or her.

• Remember that behavior is a form of communication and try to determine what the person is trying to tell you through the behavior.

• Instead of simply trying to change or manage an person’s behavior, consider seeking consultation by a mental health professional.
Summary (cont.)

• Be the friend you would want to have.
• Recognize that people with IDD experience mental illness, including the impact of trauma, and they can recover.
• Promote wellness activities such as yoga, meditation, exercise, music, nutrition, etc.
• Don’t give up on the person!
• Recognize when you need to step back and take care of yourself so that you will be able to have a positive impact on the person you are trying to support.
Resources

• Mental Health Wellness for Individuals with IDD Web-based Training www.mhwidd.com
• National Association of State Directors of Developmental Disabilities Services (NASDDDS) Trauma-Informed Care Resource Library https://tinyurl.com/yb982nt9
• Road Recovery Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma https://tinyurl.com/y82l9883
• National Association of State Mental Health Program Directors (NASHPD), The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System, 2017 https://tinyurl.com/y7mg7gj4
• A Trauma-Informed Toolkit for Providers in the Field of Intellectual & Developmental Disabilities https://tinyurl.com/ya3rnf67
• Texas Education Agency, Hurricane Harvey Mental Health Resources for children and youth with specialized needs https://tinyurl.com/y7sawbbo
Thinking about DeafBlindness and Adversity

David Wiley
Transition Consultant, Texas DeafBlind Outreach Project
Texas School for the Blind and Visually Impaired
Let’s Start by Looking to Helen Keller

• Helen Keller (1880-1968) was the first DeafBlind individual to graduate from college with her Bachelor’s Degree.

• She obtained employment with the American Foundation for the Blind and worked for the organization for over 40 years.

• She was a prolific author, lecturer, and activist.

• During seven trips between 1946 and 1957, she visited 35 countries on five continents, meeting world leaders such as Winston Churchill, Jawaharlal Nehru, and Golda Meir.
In Helen Keller’s writing about her personal experiences she is consistently positive and optimistic…

…but there are a few passages about her experiences as a child that reference their emotional effect.
“I do not remember when I first realized that I was different from other people; but I knew it before my teacher came to me. I had noticed that my mother and my friends did not use signs as I did when they wanted anything done, but talked with their mouths. Sometimes I stood between two persons who were conversing and touched their lips. I could not understand, and was vexed. I moved my lips and gesticulated frantically without result. This made me so angry at times that I kicked and screamed until I was exhausted.”  –Chapter 2
Quotes from “The Story of My Life” (1902) by Helen Keller

“Meanwhile the desire to express myself grew. The few signs I used became less and less adequate, and my failures to make myself understood were invariably followed by outbursts of passion. I felt as if invisible hands were holding me, and I made frantic efforts to free myself. ... I generally broke down in tears and physical exhaustion. If my mother happened to be near I crept into her arms, too miserable even to remember the cause of the tempest. After a while the need of some means of communication became so urgent that these outbursts occurred daily, sometimes hourly.” –Chapter 3
“Sometimes, it is true, a sense of isolation enfolds me like a cold mist as I sit alone and wait at life’s shut gate. Beyond there is light, and music, and sweet companionship; but I may not enter. Fate, silent, pitiless, bars the way…Silence sits immense upon my soul. Then comes hope with a smile and whispers, ‘There is joy is self-forgetfulness.’ So I try to make the light in others’ eyes my sun, the music in others’ ears my symphony, the smile on others’ lips my happiness.” –Chapter 22
Popular understanding of young Helen Keller is not Trauma-Informed.

In Tuscumbia, Alabama, an illness renders infant Helen Keller blind, deaf, and consequently mute (deaf-mute). [1] Pitied and badly spoiled by her parents, Helen is taught no discipline and, by the age of six, grows into a wild, angry, tantrum-throwing child in control of the household. Desperate, the Kellers hire Annie Sullivan to serve as governess and teacher for their daughter.

–The Miracle Worker plot described on Wikipedia
Helen did not characterize herself as spoiled and undisciplined – a trouble-maker.

Helen describes:

• Being unable to understand, and as a result she is vexed;
• Frustration at being unable to express herself, and inability to be understood;
• Feelings of isolation.
DeafBlindness, Adversity, and Toxic Stress

• Barriers to easily gathering information about the events, actions, the environment, and other people.
• Barriers to being able to anticipate upcoming events.
• Barriers to recognizing others and forming relationships.
• Barriers communicating about interests and needs.
• Feeling of isolation or loneliness.
Serve and Return

• Responding to a person’s initiatives builds brain architecture with new neural connections.
• If responses are unreliable, inappropriate, or simply absent
  • The developing architecture of the brain may be disrupted, and
  • Subsequent physical, mental, and emotional health may be impaired.

Harvard Center on the Developing Child
https://developingchild.harvard.edu/science/key-concepts/
Things consumers who are DeafBlind might want to say, if they could.

• I woke up this morning and I didn’t know what was going to happen today, and I didn’t know how to find out.

• I was in a room, and felt alone. Even though three other people were in the room, I didn’t know were there.

• There is something that helps me feel calm, but when I try to get it, it isn’t there, or at least I can’t find it.

• There is something Important to me, but I don’t know how to let anyone know. When I try, they usually fail to respond, or totally misunderstand.
Solutions for stress in our service strategies

• Recognize that consumers have stress and develop support strategies accordingly.
• Bringing information to all involved caregivers.
• Stable caring relationships.
• Finding out what normal is.
• Ways to express your stressors, needs, and interests.
• Nutrition and exercise.
• Reduce adversity: information, communication, relationships, self-determination, skills, control.
Circle of Courage

- Attachment
- Achievement
- Autonomy
- Altruism
Thank You
Wrap Up

• Your feedback will assist HHSC in refining this communication format to suit the needs of DBMD providers and other interested parties.

• If you have comments regarding this webinar, please send them to the DBMD mailbox at DBMDpolicy@hhsc.state.tx.us
Thank You For Joining Us!