

Telehealth's About Face

Pivoting people, processes, and policy during a global pandemic



December 9, 2020



Objectives

- Describe how states, such as Tennessee, adjusted to COVID-19 challenges
- Illustrate how telehealth maintained the importance of patient protection regulations
- Recognize the impact on resources during the fast-paced changes of the pandemic
- Learn what virtual assessments look like in today's socially distant environment
- Examine long-term impacts on state's ability to deliver high quality care and services in a post-COVID world

Presenter



- Responsible for the operation and management of all Departmental Intake and Case Management functions
- 25+ years of experience both in the private sector and with DIDD
- Focus on person centered planning and quality management

Timothy “Bo” Hickman

Deputy Director of Intake and Case Management

TN Department of Intellectual and Developmental Disabilities (DIDD)



Presenter



- LTSS national expert
- RN with 25+ years experience working with primarily adults with Intellectual and physical disabilities as well as the geriatric population
- Experience in Primary Care office, hospital nursing care, Community Living Supports for persons in 1915 (c) waivers

Kristeena Wilson

Assistant Deputy Chief of Operations, Long Term Services and Supports
Division of TennCare



Presenter



Joi Shaw

Senior Operations Director
for Clinical Services
Maximus

- Experience as a Director of statewide assessment projects across 11 states, with responsibility for all aspects of performance
- 12+ years of experience managing health care programs
- 16 years of experience in mental health care
- Experience in regulatory and contractual compliance with federal, organizational, and state requirements
- National Association of PASRR Professionals (NAPP) Board Member
- Active volunteer in the Nashville, TN community working with healthcare commissions, disaster relief organizations, and organizations that serve homeless populations

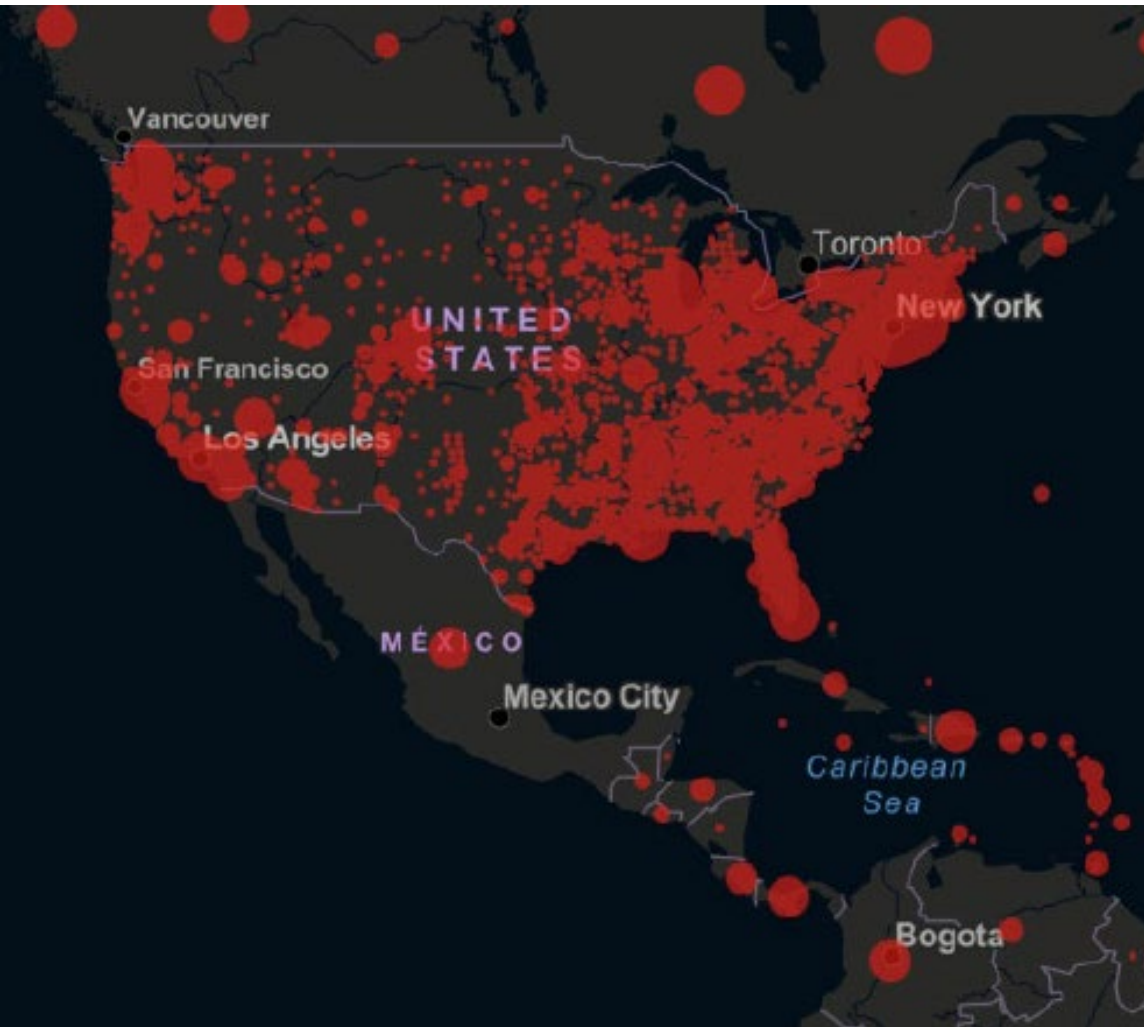
Populations at risk

Complex
medical
co-morbidities

Mental
health
disabilities

Intellectual &
developmental
disabilities

COVID in the U.S.



States faced an unexpected challenge at the onset COVID-19: provide medical disability and behavioral health waiver assessments to vulnerable populations safely and securely during a global pandemic.

2020 Timeline:

- Jan – first U.S. COVID-19 cases reported
- Feb – first U.S. deaths reported
- March – 1135 Waiver approvals

Adjusting processes

In response to COVID-19, the State of Tennessee had the incredible responsibility of pivoting people, processes and resources immediately to increase utilization and expand access to telehealth assessment services.



A healthcare professional in blue scrubs is holding a patient's hand. The professional's hands are clasped over the patient's hand, providing support. The background is blurred, showing a clinical setting. On the left side of the image, there is a large orange circle with a white border. Inside this circle, the text "Tennessee SIS-A Program" is written in white.

Tennessee SIS-A Program



Focus on IDD populations

- Individuals with ID/DD who are receiving a variety of agency/community supports
- May be living with family, supported living arrangement, or independently, but are living in the community
- Receiving individual supports only or could be receiving residential and day supports

The purpose of SIS

Supports Intensity Scale (SIS)

- Strengths-based assessment of an individual's support needs to be as successful as any other person of the same age in the same community, across a wide range of environments
- Measures the pattern (or frequency) and intensity of support needs for a person with ID/DD



The SIS-A process

Work with the individual, agency, and family/support system to...

- Determine the respondents
- Schedule
- Complete assessment
- Perform quality assurance and submit results



SIS-A interview requirement

- Two Qualified Respondents must attend, and remain in interview
 - Known the individual for 90 days and speak to the persons needs
- TN SIS interviews
 - Requires three Qualified Respondents be in attendance
- Qualified Respondents requirements were not changed during the transition to virtual assessments



Staying on schedule

- A gap would emerge in determined services for ID/IDD community we serve
- Continuing = providing needed supports and recommendations with the goal of enhancing the person's skills and community living
- Prevention of backlogs and the prolonging of assistance we provide to the population we serve

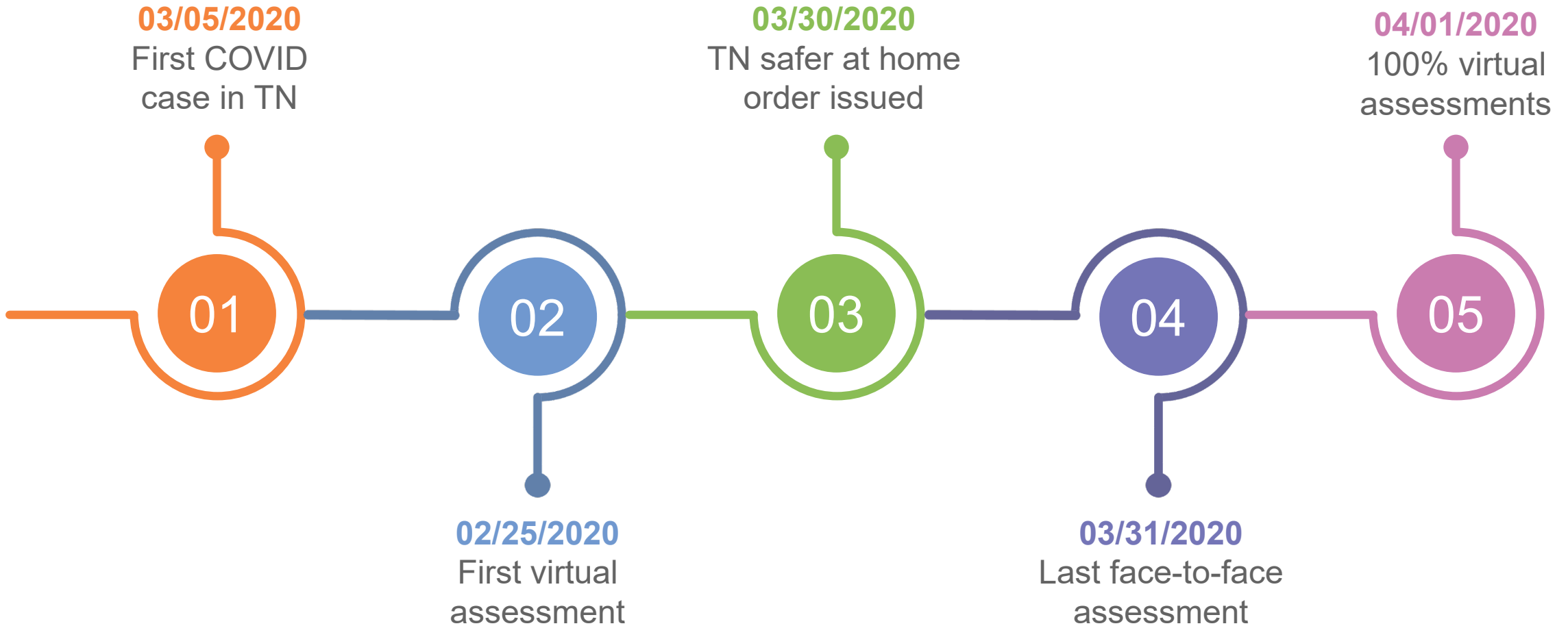
The importance of continuing to complete SIS assessments vs. suspension of assessments until in-person interviews are available and safe

SIS-A and use in Tennessee

Maximus and SIS assessors follow the guidelines set fourth by the AAIDD

- American Association on Intellectual and Developmental Disabilities (AAIDD)
- Make recommendations and guidance on any changes in the SIS assessment tool
- The assessment guides the creation of the individual support plan (ISP) for all service recipients
- Employment and community choices (ECF) wavier utilizes SIS assessments to help determine level of support needs for an individual entering the program

Transition timeline



Rapid response process

- Provide guidance and education to the TN SIS-A Assessor Network and ZOOM for Healthcare usage
- Assemble a team that would conduct pre-calls with families and/or care providers to prepare them for the virtual assessment
- SIS-A Respondent Guide, send out ahead of time, share rating key via ZOOM
- Share Rating Guide on screen to help with understanding, bridge gap on in-person interactions

Telehealth options



Video-conferencing Assessments

- ✓ HIPPA compliant video conferencing services



Telephonic Assessments

- ✓ Phone-based interviewing, assessment completion

Patient Protection Regulations



Video conferencing software

Zoom for Healthcare

- Our Information Systems and IT departments along with the Privacy Office have reviewed the controls and determined it is secure for handling PHI
- We have a Business Associate Agreement (BBA) with ZOOM for Healthcare as required by HIPAA regulations



High Touch,
High Quality



Virtual highs & lows

Challenges

- Hesitation, frustration with technology, extra work to education/prep for technology usage
- Cancellations rate maintained same level, team thought this would decrease
- On average assessments take 30 minutes longer
- Press surrounding selected vendor for virtual assessments

Successes

- Individuals, families, and agency flexibility, we are in this together
- Less than 5% of assessments were not able to be completed virtually and must wait until F2F is available
- Created virtual guide for families and Assessors
- Continued opportunity to purposefully engage respondents
 - Listen carefully, things that may effect a person's human rights, assessors are still reporting, APS, as needed

AAIDD's research during COVID-19

- Comparing in person assessments April/May of 2019 to virtual assessments in April/May 2020
- Differences in scores were detectable, with few exceptions making the differences small and not meaningful
- Results show confidence in results of SIS-A assessments that have been conducted virtually

State #8	Face-to-Face			Virtual			Compare	
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	ΔM	<i>d</i>
TN SIS	597	101.29	10.18	373	103.30	7.87	2.01	0.21

Stats and facts above from article titled “Comparing SIS-A Assessments Administered Using Face-to-Face and Virtual Interviewing Formats” (AAIDD, October 2020).

https://www.aidd.org/docs/default-source/sis-docs/sis-a-research-brief_v8.pdf?sfvrsn=e46a3521_0.

A photograph of a group of students gathered around a tablet. A young man with a disability is in the foreground, looking intently at the screen. Behind him, a girl and another boy are also looking at the tablet. The scene is brightly lit, likely from a window. A large green circular graphic is overlaid on the left side of the image, containing the text.

Launching Katie Beckett Waiver in a Pandemic

Program overview

The Katie Beckett program provides Medicaid-reimbursed assistance to children who meet the following criteria:

- Under the age of 18
- Have disabilities and/or complex medical needs
- Would qualify for Supplemental Security Income (SSI) and for Medicaid if institutionalized
- Do not otherwise qualify for Medicaid because of the parent(s)' income or assets
- The cost of services in the home is less than or equal to the cost of services in an institutional setting

Katie Beckett Part B overview

- Katie Beckett Part B is a program that serves children with significant disabilities or complex medical needs and who are at risk of qualifying for institutional care
- Offers capped package (up to \$10,000 per child per year) of essential services and supports, as well as premium assistance, that targets a broader group of children with disabilities
- Katie Beckett Part B leverages federal Medicaid funds to help divert children from becoming Medicaid eligible by helping their families purchase private insurance and provide essential wraparound services and supports to meet a child's needs
- Up to 2,700 individuals can be served under Part B*
- Children who meet the criteria for Part A may be enrolled in Part B if no Part A slot is available

Katie Beckett Part A overview

In order to be eligible for Part A, a child must:

- Be under the age of 18
- Have medical needs that result in severe functional limitations and are likely to last at least 12 months or result in death
- Not qualify for Medicaid due to their parents' income or assets
- Qualify for care in an institution (using criteria developed for children) and for supplemental security income (SSI)*
- Have medical needs for which the cost does not exceed Medicaid cost of institutional care
- Be determined to qualify for Katie Beckett **Part B** before assessed for **Part A**

*An SSI disability determination is not required nor completed; a child meeting LOC for Part A will most likely meet SSI requirements.



Discussion

- Long-term impacts on states' ability to deliver high quality care and services in a post-COVID environment (or continuing COVID environment)
- How can states and community agencies best prepare to face the next unexpected crisis?

