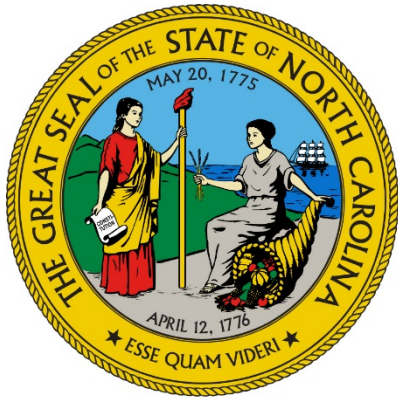# NC Department of Health and Human Services

Joint NC DMHDDSAS and NC Medicaid COVID-19 Webinar for Intellectual and Developmental Disabilities Providers

May 21, 2020

Presenters

NC DHHS

- **Mya Lewis (DMHDDSAS)**
- **Kenneth Bausell (DHB)**

LME/MCO Staff

- **Cindy Ehlers, LCMHC, MS – Trillium Health Resources**
- **Patricia Babin, PhD, PharmD – Cardinal Innovations Healthcare**

Community Providers

- **A Small Miracle: Doug Finley**
- **Autism Society of NC: Whitney Luffman and Kerri Erb**
- **Easter Seals UCP: Karen McGrath and Erin Dobert**

Agenda

- Case Discussions

- Reference Materials

- Q & A with Panel

Cases Discussions

IDD & Supported Employment

Young Adult IDD- Transition to Employment Program

Cindy Ehlers, LCMHC, MS, Executive Vice President, Trillium

Karen McGrath QP, LRT, CTRS, ESUCP Empower Director –New Bern

Erin Dobert, QP Transition To Employment Coordinator- New Bern

IDD & Supported Employment

It's about YOU – Creating, Capturing and Delivering Smiles *from ESUCP*

IDD & Supported Employment

Easter Seals UCP of NC and Virginia operates a Transition to Employment program for 16-26 year olds who experience IDD. These youth participate in a group telehealth call daily to work on supported employment goals.

Health and safety of this population during COVID 19 has been paramount for ESUCP please tell us more, when did you decide to move out of the office and into a telehealth approach?

IDD & Supported Employment – Clinical Pearls

- Supports the health and safety of the population who are often challenged to interpret or follow CDC guidelines

- Moves services out of a congregate setting to telehealth to support staying healthy for this population.

- Ongoing support and work toward maintaining and improving employment goals.

- Decreases social isolation and helps maintain social skills and relationships with others which is critical for this population.

- Consent from Member or Legally Responsible person prior to engaging in this form of service delivery.

IDD & Supported Employment – Clinical Pearls

- Post call guidelines/rules and go over with group members at the beginning of the call to make sure participants understand expectations. Also use to reinforce guideline that are needed in the employment environment.

- Set up is fairly easy but members require various levels of support to participate. Some members are able to independently participate others require 1:1 support in their home from staff or a natural support.

- Speak clearly, self-aware of eye contact and other non-verbal cues, tone, long pauses.

IDD & Supported Employment– Discussion

- Explain the different ways that you worked to set this up and engage your members?
  - Talk about any issues with technology
  - Describe how you helped support members to learn the new skills to have a Zoom meeting.
  - How often does the group meet?
  - What does the attendance look like as compared to the number of members each day when they are meeting at the office.

IDD & Supported Employment – Discussion

- What were some of the challenges?
  - How do most of the members join the meeting do they use a phone, ipad, or computer?
  - What were some of your lessons learned that you can share with others if they wanted to set up a similar type of group for employment?
  - Tell us about how you have supported members. Some call in independently while other have 1:1 staff at their homes.
  - What do you do to address the needs of members if technology is not the solution? Do those members get 1:1 in their home?

IDD & Supported Employment – Discussion

- What about Outcomes?
  - What do members who participate say about the services being done this way?
  - What about families or legally responsible parties, how have they reacted?
  - Can you share any outcomes with us that members have achieved during this time that telehealth made possible?
  - What do you see as the future of telehealth in your program?

IDD & Supported Employment – Resources

- Even more so during this crisis, meeting in congregates settings increases the community spread of COVID-19 alternatives like this one offered by ESUCP helps to prevent the spread while also making sure member needs are met in a safe and healthy method.

- Trillium offers a program Choose Independence that assists with the purchase of ipads for members with IDD. This increases access to telehealth options for members with IDD.

- Access to services like supported employment and Innovations Waiver services include codes that can be used telephonically when two way audio/visual is inaccessible for members without prior authorization with Trillium so that providers can use whatever code is needed to deliver services to members.
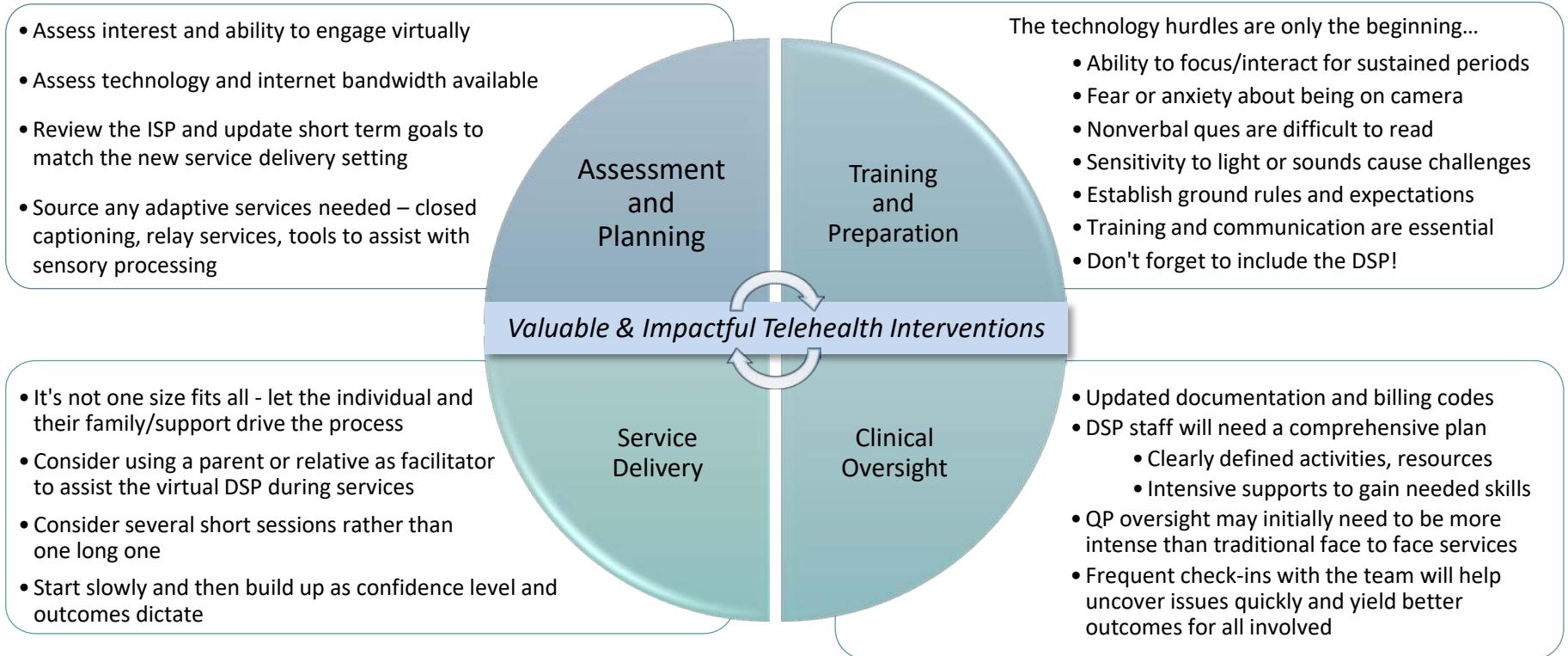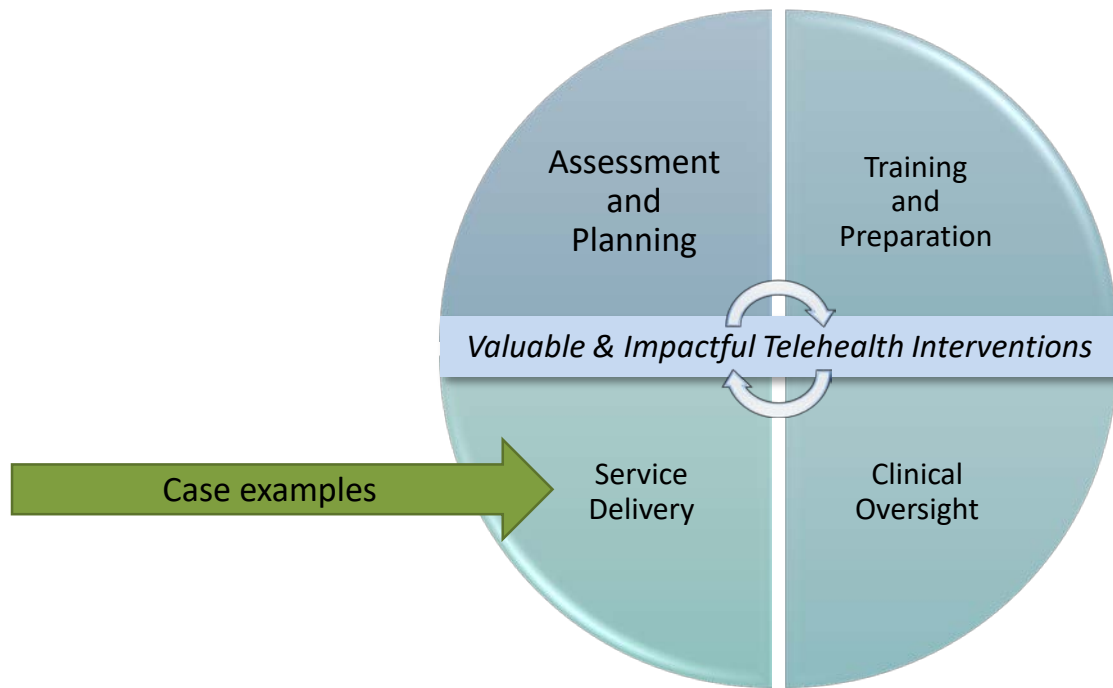
IDD - General Principles

Patricia Babin, PhD, PharmD – Clinical Director – Cardinal Innovations Healthcare

Doug Finley – President – A Small Miracle

Telehealth for IDD – Keys to Success

Assessment and Planning

- Assess interest and ability to engage virtually
- Assess technology and internet bandwidth available
- Review the ISP and update short term goals to match the new service delivery setting
- Source any adaptive services needed – closed captioning, relay services, tools to assist with sensory processing

Training and Preparation

The technology hurdles are only the beginning…

- Ability to focus/interact for sustained periods
- Fear or anxiety about being on camera
- Nonverbal ques are difficult to read
- Sensitivity to light or sounds cause challenges
- Establish ground rules and expectations
- Training and communication are essential
- Don't forget to include the DSP!

Valuable & Impactful Telehealth Interventions

Service Delivery

- It's not one size fits all - let the individual and their family/support drive the process
- Consider using a parent or relative as facilitator to assist the virtual DSP during services
- Consider several short sessions rather than one long one
- Start slowly and then build up as confidence level and outcomes dictate

Clinical Oversight

- Updated documentation and billing codes
- DSP staff will need a comprehensive plan
  - Clearly defined activities, resources
  - Intensive supports to gain needed skills
- QP oversight may initially need to be more intense than traditional face to face services
- Frequent check-ins with the team will help uncover issues quickly and yield better outcomes for all involved

Telehealth for IDD – Keys for Success

RB-BHT

Patricia Babin, PhD, PharmD – Clinical Director – Cardinal Innovations Healthcare

Whitney Luffman, LPA, BCBA – Lead Clinical LPA – Autism Society of NC

Kerri Erb – Chief Program Officer – Autism Society of NC

Transitioning to a new normal

Health and Safety

Education, Guidelines

Screening

PPE , supplies, plans

Communication

We went home

Outreach to every person/family served

Weekly staff outreach

Policy and Implementation

MCOs, Coalitions, DHHS

Guidance ~ Policy

Programs flip

Stability

Financial monitoring

Compliance and training

We are all in this together

RB-BHT: Parent collaboration + coaching

- **Agenda (example)**
- *Troubleshoot technology and camera placement ahead of session when possible*
- *Check in*
  - *Concerns, challenges, seek feedback on parent-led goals*
  - *Play and communication activities*
- *Observation in play*
  - *When necessary, prep family with materials ahead of time.*

  Debrief
- *Next steps*
- *Review and sign off*

Treatment goal example: In leisure activities and natural routines, [client] will remain engaged in the activity for at least 5 minutes and will demonstrate behavioral requests (e.g., looking towards, reaching, giving to get assistance) at least five times within each observed activity across the authorization period .

Skill #1: Our playtime together

How did it go?	Day/date:	Day/date:	Day/date:	Day/date:	Day/date:
Circle the rating for each day that you practice→	1 👍 2 ✋ 3 👎	1 👍 2 ✋ 3 👎	1 👍 2 ✋ 3 👎	1 👍 2 ✋ 3 👎	1 👍 2 ✋ 3 👎

RB-BHT - Direct Session Objectives session

Self-identifying emotional status at various points in session

Identifying emotions via still images, videos and written scenarios

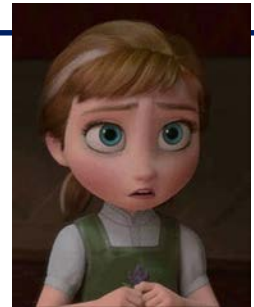Conversational exchanges with comments and questions

Initiating shifts in conversation, responding to shifts in conversation

Practicing calm down routines that are visually supported

Organizing social problems along a visual scale

Having fun, staying connected and engaged!

RB-BHT: Direct session

- Our plan for today:
- 1- What's up?
- 2- Zones check in!
- 3- Emotions
- 5- How big is the problem?
- 6- Practice calm counting
- 7- Zones check-in
- 8 – Goodbye until next time!

The Zones of Regulation

Blue Rest Area	Green Go	Yellow Slow Down	Red Stop
Sad	Happy	Nervous	Angry
Upset	Excited	Surprised	Yelling
Hurt	Calm	Confused	Aggressive
Tired	Proud	Silly	Mad

Nervous
What does it mean?   What does it look like?

How Big is the Problem?

Small — I can fix it myself.

Medium — I need some help.

Big — I need adult help right away.

RB-BHT: Key considerations
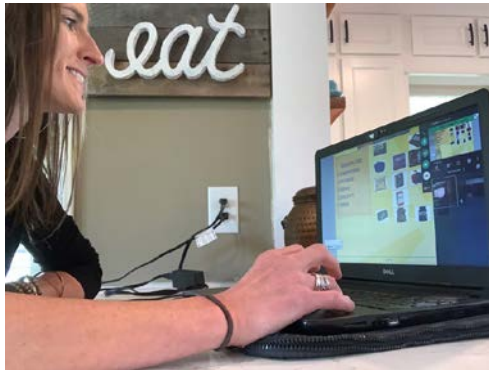
- Have a back-up plan (technology)

Make it work for the family and the individual (be flexible with scheduling)

Ensure that the experience isn't consistently frustrating for families or individuals (know when to call it and re-group for next time)

Systematically increasing session durations; shorter sessions

Session structure, planning and programming by BCBA for each session

Dynamic, diverse and engaging content, varied response forms

Increased oversight (within and outside of RBT-led session) by BCBA

Resources to Support Tele-delivery

- Go to Meeting, High Five, Doxy.me, Vsee, Amazon Chime, Zoom

- Smart Notebook (www.smarttech.com)

- Virtual fieldtrips

- Boom Cards (www.boomlearning.com)

- PowerPoint

Other Support

- Provided across the State via Telehealth

- Innovations Waiver - Specialized Consultative Services

- Medicaid/Commercial – outpatient therapy

- Webinars, social stories, blogs and more to keep information flowing on our website

- www.autismsociety-nc.org

Bulletin References & Telehealth Resources

Key IDD References related to COVID-19

- Appendix K 2nd Wave - NC Innovations Waiver (April 30, 2020; under review by CMS)

- Appendix K 2nd Wave - NC TBI Waiver (April 30, 2020; under review by CMS)

- SPECIAL BULLETIN COVID-19 #75: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Behavioral Health Service Flexibilities – Innovations and TBI Waivers Appendix K and Developmental Disability State Funded Benefit Plans (May 1, 2020).

- NC Innovations and TBI Waiver Appendix K FAQs (May 6, 2020)

Coding FAQ Quick Review

- Use modifier GT when the service is done via two-way, real time, audio and visual communication (for services where GT is permitted)
- Use modifier CR when using any of the temporary flexibilities/waivers.
- Use GT and CR modifiers concurrently if both apply.
- Use the typical place of service for Fee For Service claims
- Check with your LME/MCO about place of service for LME/MCO claims

Additional Telehealth Resources

- AAIDD: https://www.aaidd.org/education/education-archive/2018/02/08/default-calendar/using-telehealth-to-assist-families-of-individuals-with-autism-spectrum-disorders-in-rural-communities

- American Psychological Association:
  - https://www.apa.org/topics/covid-19/telehealth-children
  - https://www.apa.org/pi/disability/resources/publications/newsletter/2013/05/telehealth-psychologists

- Telehealth Resource Center: https://www.telehealthresourcecenter.org/covid-19-resources/

- NC Medicaid and NC DMHDDSAS:
  - https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-telehealth
  - https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

- Your LME/MCO!! https://www.ncdhhs.gov/providers/lme-mco-directory

Q & A

Questions and Answers

For more information visit our website:
www.ncdhhs.gov/divisions/public-health/covid19
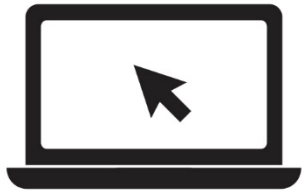
Comments, questions and feedback are welcome at:
www.ncdhhs.gov/divisions/mhddsas

Medicaid.COVID19@dhhs.nc.gov

NC DHHS established modes of communication

COVID-19 Website:
www.ncdhhs.gov/coronavirus

DPH COVID-19 Website for Health Care Providers and Local Health Departments:
https://epi.dph.ncdhhs.gov/cd/diseases/COVID19.html

General COVID-19 Questions:
Call NC Poison Control COVID-19 hotline at 866-462-3821.