

Date: 3/12/2020

COVID-19 Response-Memo #1

From: Jason Cornwell, DDSD Division Director
To: All DDSD Waiver Providers and Stakeholders:



As we all grapple with the COVID-19 pandemic, I would like to communicate the response plan for the DD Waiver, Mi Via Waiver and Medically Fragile Waiver and Stakeholders:

- 1) **DDSD recommends the closure of all congregate Customized Community Supports Programs in the state beginning Monday March 16th, 2020 until April 5th, 2020 to coincide with the statewide closure of all Public Schools.**

The Division would expect that all congregate programs are fully shuttered no later the Wednesday March 18th, 2020. The additional two days can permit the necessary planning for staffing and supervision concerns.

To that end: CCS and CIE services can be billed from the home for the provider of record of that service starting Monday March 16th, 2020.

It is highly encouraged for stand-alone day services providers and residential providers to share staff to alleviate "short staffing scenarios" wherever possible.

If we are familiar with the concept- "Money Follows the Person", imagine- "Staff Follows the Person".

To be explicit, this means that Day Program staff from the provider of record on the individuals budget would perform the CCS service in the residential provider's setting.

For programs that support individuals in the community, please exercise extreme prudence as to whether those community activities are necessary given this state of emergency.

ISP implementation as it relates community based actions steps will not be cited by QMB until further notice.

Lapses in training compliance for all provider types will not be cited by QMB until further notice.

- 2) All DD Waiver Case Management Monthly Visits can be conducted via technology until further notice. If a Case Manager elects to visit the individual's home, it is the decision of the provider agency to determine whether to allow access. However, providers should support telehealth or remote monitoring via calls, computer based visits, etc. as much as possible.
- 3) All Mi Via Consultant Quarterly Face to Face visits can be conducted via technology until further notice. If a Mi Via Consultant elects to visit the individual's home, it is the decision of the individual to determine whether to allow access. However, providers should support telehealth or remote monitoring via calls, computer based visits, etc. as much as possible.
- 4) All DDW BSC, OT, SLP, RD, and PT sessions/trainings can be conducted via telehealth/telephonic modalities. If the clinician elects to visit the individual's home, it is the decision of the provider agency to determine whether to allow access. However, providers should support telehealth or remote monitoring via calls, computer based visits, etc. as much as possible.
- 5) Home Visits, as required by certain Living Care Arrangements such as Family Living (Service Coordination), IMLS, and Supported Living Category 4 (Service Coordination and Provider Nurses), can be conducted telephonically until further notice.
- 6) In emergency circumstances when Therapists or BSC's cannot be reached to train Direct Support Professionals, Provider Agency Service Coordinators may train Direct Support Professionals on OT, PT, SLP and BSC plans WDSIs, TIPs, plans etc. if necessary to ensure health and safety. If feasible, therapists and BSCs should review the items that are critical to know about the person and communicate this to the designated trainers. Training designation is encouraged. Providers must retain documentation of these trainings and provide them to the Division upon request. Therapists and BSCs should follow up with monitoring site visits or phone calls to address any questions that Direct Support Professionals may have.
- 7) In emergency circumstances when Therapists or BSC's cannot be reached to train Direct Support Professionals, Provider Agency Nurses may train all aspects of the CARMP within their comfort level and scope of practice until such time the therapist/BSC training can be arranged. Providers must retain documentation of these trainings and provide them to the Division upon request.
- 8) In extreme emergency situations where unfamiliar staff are necessary to maintain health and safety, and in addition to items #6 and item #7, at a minimum the Provider Agency is responsible to train the unfamiliar staff on HCPS and MERPs. Providers must retain documentation of these trainings and provide them to the Division upon request.

- 9) Lastly, should stakeholders have specific questions, concerns, and/or scenarios, contact your Regional Director. The situation is fluid will evolve. Guidance will evolve accordingly.