

March 13, 2020

Director Jeff Davis
Ohio Department of Developmental Disabilities
30 East Broad Street, 12th floor
Columbus, Ohio 43215

Director Davis,

As we start to plan and prepare for the impact COVID-19 will have on the services we provide to people with developmental disabilities, we know we have to prepare for a change in how we provide services. This is a situation that is changing day by day and even hour by hour, but we want to start getting specific details that impact our planning efforts figured out. Below a lists of questions and potential areas where the department and other state agencies could help ID/DD providers. I'm sure more questions and thoughts will come as this virus progresses and things change, but getting answers to these will help providers plan for how to best care for the people they serve.

Regulatory Relief

- 1) If a provider needs to limit community outings, will there be citations for rights restrictions if HRC approval is not obtained or non-compliance with the HCBS settings rule?
- 2) In an ICF, if the provider locks all doors except the main entrance so they can monitor visitors, will they be cited?
- 3) If a provider has staff who can't work either due to confirmed COVID-19 or self-quarantine of themselves or family members, will the department allow for moving people to a home or setting where staff is available?
 - a. Other than notifying the CB of the need to change where services are provided, what steps should a provider take when they recognize or anticipate this need?
 - b. Will licensed waiver settings and ICFs need to ask for increases to licensed capacity?
 - c. Could day programs, county board buildings or developmental centers be utilized if staffing is severely impacted or large number of people need to be quarantined?
 - d. If waiver recipients need to be moved to ICF settings, will the HCBS settings rule be waived and providers continue to bill through the waiver for services or will they need to get waivers of licensed capacity and use the override code to bill through the ICF?
 - e. If the person needs to stay for 30 days or longer can ODH waive the requirements for ICFs to complete CFAs & create IPPs as the ICF will just utilize the person's ISP that was developed by the CB?
- 4) In ICFs, will CMS minimal staffing requirements be waived if staff are impacted by the virus?
- 5) In ICFs, will CMS waive active treatment requirements if staff or residents are impacted by the virus?
- 6) If a provider has a relationship with another provider to allow DSPs to help out in staffing shortage situations, will the department waive the staffing requirements (ex. training,

background checks, etc.) for the non-employer provider and assume the employer provider has already met those?

- 7) If day programs close and providers need to utilize day program staff in residential settings, will the department waive any requirements for HPC providers (ex. training on full ISP)? And vice versa – if residential DSPs are needed to temporarily help in day settings, will the department waive any specific requirements (ex. training) for DSPs providing day services?
- 8) For staff who are due for annual training and/or First Aid, CPR or medication administration recertification, can those requirements be postponed until further notice so we can keep staff available for providing services to people? New hires would still need to be trained and obtain First Aid, CPR & medication administration certification as applicable.
- 9) Can child care licensing requirements be eliminated for work settings that allow for children to come to work so their parents can continue working especially during the 3 weeks where the Governor has closed schools?
- 10) Can Medicaid redeterminations be suspended (and auto-terminations turned off) until the virus runs its course?
- 11) Can EVV or other documentation requirements be minimized to maximize time spent with people?
- 12) Can RMN, OTS, NCI staff stability, etc. reporting requirements be postponed?
- 13) Can non-emergent medical appointments be postponed?
- 14) Do all unscheduled hospitalizations related to monitoring, testing or treatment of COVID-19 need to be reported and investigated as MUIs?
- 15) Can ICF medical directors have access to COVID-19 testing kits if they are not in private practice as a physician?

Funding

- 1) As staffing shortages occur or schedules change, will providers need to contact the CB to make changes to authorized staffing ratios (especially for MRC settings)? If so, the volume of work for both providers and county boards could be unmanageable and lead to providers not being paid timely. How can we ensure providers receive payments timely to be able to pay staff timely? Perhaps DODD can modify their systems to not check claims for authorizations or budget limitations during this time period.
- 2) If day services close and staff are not getting paid for a short period of time, are there any funds available to help those staff who need wages to live? For example, short term unemployment, State funds, CB funds, etc. If staff don't get paid, they may leave the field all together which will exacerbate our staffing issues.
- 3) If day services continue but providers who typically would bill the community integration add-on are not able to engage in community activities, can the provider continue to bill the community integration add-on? Providers probably already have figured the add-on in their determination of the DPS' hourly wage.
- 4) Since providers only get paid for units of service delivered, are there any short term funds available to help providers pay for staff sick leave?
- 5) Could one time funding be made available for purchase of items to be used in homes to keep people engaged in activities and connected to friends/family whom they are not able to see during this period of restriction (ex. ipads, board games, activity materials, art supplies, etc.)?
- 6) Does the state have any items in surplus that could be given to homes serving people with disabilities to help with #4 above (ex. laptops, tvs, office supplies that could be used for arts/crafts, etc.)?

- 7) Can we temporarily increase PNA so people can purchase things they would like to have to stay engaged in activities during this period of time?

Capacity

- 1) Has the department had conversations with county boards regarding the potential need for services & supports from families of children with disabilities who typically are at school during the day, but as schools close for extended periods, may need support from the DD system at a time when we may not have capacity to support the people currently receiving services?
- 2) We know there are a large number of people with disabilities who are currently living at home with elderly caregivers. Given that COVID-19 has such a high mortality rate for the elderly, are CBs prepared for the potential to have a large number of people with emergency needs for services and places to live?

General

- 1) If staff contract COVID-19 after working in one of our settings, will they be able to submit a worker's compensation claim? Has BWC provided any guidance on how they will streamline these claims and what impact this may have on WC premiums?
- 2) What steps should providers follow if staff or people receiving services are considered person's under investigation or test positive for COVID-19? Specifically, who do providers need to contact? Is there a dedicated DODD staff person, email or phone number for reporting to DODD vs just reporting to the local health department?

Sincerely,

Debbie Jenkins
Policy Director