

# Frequently Asked Questions (FAQ) regarding DDS Provider Guidance on COVID-19

As of: March 24, 2020

This document will be updated routinely with ongoing questions posed by DDS qualified providers. The document will be date-stamped when a new version is posted. It is important to understand that guidance and directives may change as this situation evolves. Please continue to check the DDS website and email [DDS.COVID19@ct.gov](mailto:DDS.COVID19@ct.gov) with any questions.

## 1. How are communications with families being handled?

*DDS continues to send out letters to individuals and families regarding COVID-19 guidance. These letters are also shared through case management and posted on the DDS homepage <https://portal.ct.gov/DDS> under the section “[COVID-19 Updates for Individuals and Families](#)” as well as through various family and advocacy groups, in order to reach as many families as possible. DDS will continue to use these channels for all future communications with families.*

## 2. During this time, if providers need to merge GSE programs or allow individuals normally in GSE to participate in DSO activities, how will this affect waiver compliance?

*DDS is actively working with DSS regarding any necessary communications to CMS on waiver programs. We are exploring potential avenues for flexibility and relief during this time and will be in contact with any further guidance.*

## 3. Can requirements for non-work programs (e.g. DSO and Transition Services) to have time in the community be suspended during this time?

*Yes.*

## 4. Are residential providers allowed to prevent individuals from attending day/employment programs, even if those programs are operating?

*Providers should work with individuals’ teams to determine whether they need to remain home from day/employment programs, based on considerations of underlying medical conditions or age.*

## 5. Will DDS continue with Abuse and Neglect investigations?

*Yes, currently DDS is continuing with all health and safety-related activities, including Abuse and Neglect investigations. Investigators should take proper precautions when conducting on site reviews. Some elements of reviews may be conducted remotely, as appropriate.*

## 6. What if a staff person of a private provider is sick or has been in contact with someone showing symptoms of COVID-19?

*Please refer to the Health and Nursing FAQ issued on March 18, 2020.*

## 7. Will DDS continue licensing and quality visits?

*Licensing and quality visits have been suspended until further notice. DDS is reviewing all licensing and quality visits to determine if alternative methods to review can be utilized. Guidance on future visits that have already been scheduled will be communicated on a case by case basis.*

## 8. Can providers submit one times for additional costs associated with procuring personal protective equipment (PPE) for direct care staff?

*No. The department is providing the COVID-19 supplemental payment as a mechanism to cover PPE expenses. We recommend that providers continue to document all expenses.*

**9. Will there be any extensions on required trainings and certifications?**

*Please refer to the Health and Nursing FAQ issued on March 18, 2020.*

**10. It is our understanding that the Department of Public Health is receiving supplies from the federal government for distribution to State health and human services agencies. Will DDS be making personal protective equipment and related items available to staff?**

*DDS is awaiting guidance on this. In the meantime, providers should be ordering through their own vendors, as usual.*

**11. What happens if quarantines and illness start affecting overall staffing levels for an agency?**

*Providers should follow their COOP plan, including plans to access community resources.*

**12. As part of the provider's COOP plan, the agency wants to evaluate a home to use assistive technology and remote monitoring equipment. Will DDS support this and provide funding? Will HRC approval be suspended during the Coronavirus outbreak?**

*DDS will approve one-time funding for AT evaluation and equipment. HRC approval will be suspended until after the outbreak, as long as the individual's team approves of the proposed measures. In case of an emergency, the Regional Director may override team approval. If this is to be used to assist staff during times when minimum staffing levels are not met, the provider must have staff available to monitor the homes during all of the time the equipment is in use. Once the outbreak has ended, continuance of the remote monitoring equipment will require HRC approval.*

**13. As a provider, how do I determine if the services I provide and the staff that provide them are considered "essential" based on Governor Lamont's order that directs all non-essential businesses and not-for-profit entities in Connecticut to prohibit all in-person functions effective Monday, March 23, 2020 at 8:00 p.m.?**

*DDS recommends that agencies review which services ensure that the health and safety needs of the individuals they support are being met and then determine which staff they consider essential from there.*

*Please note that Governor Lamont's Executive Order No 7H directs all non-essential businesses and not-for-profit entities in Connecticut to prohibit all in-person functions effective Monday, March 23, 2020 at 8:00 p.m. However, the order does define essential workers to include those working in healthcare and related operations including nursing homes, residential health care facilities or congregate care facilities. The link below provides a list of businesses exempt from Governor Lamont's Executive Order No 7H.*

<https://portal.ct.gov/DECD/Content/Coronavirus-for-Businesses/Coronavirus-for-Businesses>

**14. Is there a process for providers that have staff that go into individual and family homes?**

*Please see the document titled "DDS Guidance Regarding Individual and Family Home Visits" issued March 24, 2020.*

**15. Has the Department of Social Services (DSS) made any announcements regarding extensions to benefits? (SNAP, Medicaid etc)**

*Please review the updates posted on the "DSS Response to COVID-19" page:*

<https://portal.ct.gov/DSS/Communications/DSS-Response-to-COVID-19>

Specific to HUSKY Health members, information and updates can be reviewed here:  
<https://portal.ct.gov/HUSKY/Special-information-and-resources-for-HUSKY-Health-members-about-coronavirus>

### **COVID-19 Supplemental Payment Questions**

**16. Does the COVID-19 supplemental payments apply to services provided in February and March 2020? Or, does this statement apply to services provided in April and May 2020?**

*The April payment is based upon February authorizations and attendance. The May payment, normally based upon March authorizations and attendance, will be based on 1/12 the total annual authorizations for your agency. DDS is enhancing the rates for April and May to adjust for changes in utilization of supports, so providers receive the supplemental payment as soon as possible. The purpose of the COVID-19 supplemental payment is to support provider operations in the month it is paid.*

**17. Is the enhanced day program payment being increased by 5% over the amount calculated for the WebResDay submissions?**

*Yes.*

**18. Our contracts are funded based on operations through June 30, 2020 if I understand them correctly. When extending the contracts the additional 6 months to 12/31/2020 will the authorization amounts also be increased to cover the additional 6 months?**

*POS contract service authorizations are calculated based on a 12 month period. These authorizations do not have a termination date. As such, DDS does not need to adjust the authorizations because of the contract extension.*

**19. How long are providers expected to maintain staffing levels and not layoff staff?**

*DDS expects providers will not layoff staff or reduce staff salaries or benefits in the month the provider receives a COVID-19 supplemental payment.*

**20. What if we already laid off staff?**

*Recall them.*

**21. Are day programs required to operate to receive supplemental COVID-19 payments?**

*No. DDS encourages providers to use their staff creatively and flexibly to support individuals with intellectual disability. This can include telework, maintaining supported work sites, cleaning the program site, supporting individuals in their homes, or shared staff collaborative solutions.*

**22. How long will we receive the supplemental COVID-19 payment?**

*DDS is committed to helping to maintain the stability of the private provider community. The April and May payments were our first priority to avoid a disruption to the supports provided by the hard-working, dedicated staff in your agencies as well as the organization itself. We are anticipating a continuance of the payment methodology for June. However, we need to review the effect the reimbursement had with the continuity of staff, the status of the outbreak and available resources before we determine the June payment.*

**23. Could day providers temp staff to residential providers in lieu of laying them off? Would DDS support this type of collaborative solution?**

*Absolutely. By us reimbursing providers for March supports with 1/12 of their annual authorizations, this will allow them to be more flexible in how they utilize their staff and the individuals they support. If the day*

*provider bills the residential provider for the use of their day staff, we would need to work with the two agencies to avoid paying for the salaries of the day staff twice.*

**24. If a provider can keep their day programs closed until the COVID-19 is over while being paid for 100% of their annual authorizations, why should they continue to work to develop shared staffing agreements with Residential Agencies?**

*While we are working to maintain our provider's financial stability, agency's need to understand that their staff are a critical resource that can and should be shared with other agencies who are experiencing staffing shortages. It would be shortsighted and a blow to our support system not to have all available staff work in any capacity that would provide critical care for individuals with ID. We are all in this together and it is only by us working together will we make it through this difficult time.*

**25. What about providers who utilize individual budgets and In-Home Supports (IHS)?**

*DDS is reviewing IHS options and additional guidance will be forthcoming.*

**26. For day program let's say everyone attended 5/22 days in March, we'd put in 5 days on the attendance but will be paid the full 22 days for everyone?**

*For the month of March, day programs will not be paid based on attendance. Providers will be paid based on 1/12 the total annual authorizations for your agency. Attendance for any services should still be provided in order for DDS to continue to bill for federal reimbursement.*

**27. Are we expected to provide an in home day program for everyone that is home?**

*No. DDS encourages providers to use their staff creatively and flexibly to support individuals with intellectual disability. This can include telework, maintaining supported work sites, cleaning the program site, supporting individuals in their homes, or shared staff collaborative solutions.*

**28. How should we report attendance for an in home day service for an individual that ordinarily receives Day Support Option services?**

*Report this as the day or employment service the individual usually receives. DDS is seeking to amend its waivers to allow day support options to be provided in the home or virtually.*

**29. We are unclear what maintain staff salary and wages at existing levels means. Some staff are choosing to go out on leave even though they are not currently ill or caring for an ill person. They may feel they are at a high risk for serious illness from this virus and are choosing to go on leave. Some of these staff are hourly direct service staff, others are exempt salary staff. Is it expected they will continue to receive the same paycheck as if they were working?**

*DDS expects providers will not layoff staff or reduce staff salaries or benefits in the month the provider receives a COVID-19 supplemental payment. DDS encourages you to work creatively with staff that feel they are at high risk due to COVID-19 to support individuals with disability. The Department is seeking to amend its waivers to allow services to be provided in the home or virtually.*

**30. Are we required to maintain staff wages for those that refuse all offers to be redeployed or to work remotely and do not qualify for the FMLA that they would need to use their benefit time or take time without pay. We feel this is important otherwise all of our employees will stay home with pay and no one will work in our res homes.**

*DDS expects providers will not layoff staff or reduce staff salaries or benefits in the month the provider receives a COVID-19 supplemental payment. DDS encourages you to work creatively with staff that feel they are at high risk due to COVID-19 to support individuals with disability. However, this does not protect staff that refuses assignments for human resources or other disciplinary action.*

**31. Will you fund hazard pay for staff if someone in a group home is identified as having COVID-19?**

*DDS does not plan on separately reimbursing providers for hazard pay. The COVID-19 supplemental payment is intended to provide funding for expenses like additional overtime or hazard pay.*

**32. What if agency staff choose not to go to work? Should staff use their payed time off?**

*DDS expects providers accepting supplemental payments will not lay off staff and will maintain staff salary and wages at existing levels. DDS encourages providers to use their staff creatively and flexibly to support individuals with intellectual disability. This can include telework, maintaining supported work sites, cleaning the program site, supporting individuals in their homes, or shared staff collaborative solutions. Staff can also use their available leave time and supplemental payments will be paid accordingly.*

*It is important to note that providers still have the ability to make Human Resource (HR) related decisions regarding the work requirements for their staff.*

*The DDS directive regarding supplemental payments provides guidance on lay-offs but HR decisions around work requirements, personnel or other disciplinary actions are still very much in the purview of the provider.*

**33. Are providers supposed to continue to enter attendance? What about day program services or services that are now being utilized for through teleconference options?**

*Please enter attendance for all authorized services. DDS is in the process of applying for modifications to waiver services to allow for day services to be provided at home or remotely. In the meantime, we ask providers to document as much as possible in terms of service delivery.*

**34. What if an individual has left the group home to stay with their family for the next 30 days?**

*DDS would expect the individual's attendance to be marked as absent, utilizing the same process as agencies would have for any other absence from a home. Please note, DDS will still provide supplement payment as appropriate.*

**35. Will the supplemental payment be included in cost settlement and will DDS adjust the cost settlement process at the end of the year based on these increased payments?**

*Yes, the payment will be included in cost settlement, but DDS is not planning on adjusting the cost settlement process this year.*