

# Instructions for Completing the DDS COVID-19 (Coronavirus) Provider Status Report

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**Provider:** The official name of the service provider organization that has direct oversight responsibilities for the service site. The provider name is listed on each Contract Service Authorization (CSA) and/or Vendor Service Authorization (VSA). (e.g., DDS South Region, Bay Services Inc., etc.)

**Main Phone:** This is the service provider organization's main telephone number at which, during normal work hours, the organization's administrators can be easily reached.

**E-mail:** This is the E-mail address designated by the organization to be used for emergency communication and response. This E-mail should be available to the organizations designated emergency response personnel 24 hours a day, seven days a week.

**Fax:** This is the fax number designated by the organization to be used for emergency communication and response. This fax number should be available to the organizations designated emergency response personnel 24 hours a day, seven days a week.

**Provider Emergency Phone:** This is the service provider organization's emergency telephone number at which, 24 hours a day, seven days a week, an organization representative, designated to respond to emergency circumstances, can be reached.

**Send Completed Form to appropriate DDS E-mail Address:** This section includes the DDS E-mail addresses where the completed DDS COVID-19 Provider Status Report form should be sent.

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The **Contacts** section on the DDS COVID-19 Provider Status Report provides space for the provider organization to identify up to three individuals designated by the organization to respond to emergency circumstances. Space is also provided to identify ways of contacting these individuals in the event of an emergency circumstance or if there should be any questions regarding the information submitted by the organization on the DDS COVID-19 Provider Status Report

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**Report Date:** The date the particular DDS COVID-19 Provider Status Report is completed.

**Submitted by:** Identifies the individual at the provider organization responsible for submitting the completed DDS COVID-19 Provider Status Report.

**Date Covered:** This is the specific date (time frame) on which the provider organization is reporting on the organizations COVID-19 status. For example: On March 18, 2020 the organization submitted a DDS COVID-19 Provider Status Report covering March 17, 2020.

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**Status by Type:** This section on the [DDS COVID-19 Provider Status Report](#) provides space for the provider organization to identify, by region, the total number of individuals served by particular program types, the number of individuals displaying signs and symptoms of COVID-19 infection, the number of staff across all shifts assigned to this service type (as of 3/1/2020), and the number of staff sick or otherwise unavailable for duty at the specific service type.

For example: A provider may operate 5 CLAs in a particular DDS region. A total of twenty people reside in those CLAs (the number 20 goes into the second column). Of those twenty people, four are displaying signs and symptoms of the COVID-19 flu (the number 4 goes into the third column). There is a total of fifty staff assigned to these CLAs (the number 50 goes into the fourth column). Of this total of fifty staff, six staff are sick or otherwise unavailable for duty in the CLAs)

The last column in the “Status by Type” section allows for comment by the provider organization related to the particular program type. For instance, a comment related to the example above may indicate “priority needs of individuals are still being met”.

Providers shall enter the total staff assigned to each program, not FTE's.

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**Problem Sites:** Problem site is defined as: Any program site where a DDS individual receives support services that experiences staffing shortages due to the affects of COVID-19.

In this section the provider organization identifies whether the program is open or closed, the type of the program, the specific program site details and any steps taken to manage the area of concern. If a program needs to be closed due to staffing shortages, providers must explain how and where the services are being provided in the comment section. The “Additional comments” area at the bottom of the [DDS COVID-19 Provider Status Report](#) can be used for further clarification of concern issues, etc. Providers may submit an additional Word document with comments if needed.