



State of Connecticut
Department of Developmental Services

DDS

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Peter Mason
Deputy Commissioner

***DDS Qualified Provider Meeting- June 19, 2020
Question and Answer Review***

Issued: July 1, 2020

*Please note that funding and billing related questions are being addressed in the July 1, 2020 memo titled "Fiscal Years 2020 and 2021 Coronavirus Funding"

Questions Submitted from Providers in advance of the meeting

Visitation

1. Will DDS stand behind provider visitation decisions?

The guidance issued by DDS allows for providers to make an informed, person-centered decision about visitation options for each individual they serve. The conversation is meant to be inclusive of the team to determine the most appropriate and safest visitation option moving forward.

DDS continues to encourage providers to engage with the DDS case managers to come up with a process that is agreeable between all parties. DDS understands, however, that difficult decisions may need to be made and families may not agree with the outcome. If a situation is brought to the DDS region or central office, DDS will complete a full review of the details associated, engage in a conversation with the provider to understand the criteria used to make the determination and then make a decision based on the all of the details presented.

2. Are all visitation options available through this plan? (ie overnight home visits)

All visitation options should be a part of this discussion including but not limited to home visits overnight visits etc. The tools issued as a part of the plan can also be used to determine when an individual can return to their residential setting, if they left to live in their family home for the duration of the pandemic. Providers are given latitude and flexibility to make these decisions with case manager and family input.

3. Can you speak to your expectations regarding contact tracing? Should we be tracking every Individuals contact in the Program?

The key to reopening is to contain the exposure. The practice of social distancing from others and the use of masks is a critical component to limiting a person's chance of getting the virus. If a person is diagnosed with Covid-19, it is critical to notify all individuals who have had contact with the person. Individuals who have been exposed that isolate from others limit their ability to expose additional people.

Employment & Day Services

4. Does an agency have to submit a plan to DDS who provide wrap around IDN and Senior Supports?
Reopening plans need to include any services in a provider-based facility congregate setting.
5. IDN supports are supposed to be 100% community based and not site based. With less and less options in the community to safely attend and the safety of our participants can that population be considered to attend SOME site-based activities.
At this point, our IDN waiver service does not allow site-based activities. Teams may assess needs and determine another service may be more suitable for an individual that accommodates site-based activities.
6. Could you give an update on the customized employment initiative?
We are continuing to work through the curriculum development with SDE and BRS. This work will be starting up again shortly.
7. If a person served is competitively employed but the residential agency is not allowing the individual to return to that job until 10/1/20 is the employer expected to keep the job open for them? The employer is an essential business.
The team needs to meet to discuss the factors involved with a return to work and the timeline that is appropriate. Discussion at these meetings need to include the consequences associated with decisions and the case manager should be notified of any changes that may affect the individual's employment status.
8. Want to hear how agencies are proceeding re: employment via virtual and live
DDS is hosting a weekly Employment and Day provider virtual meeting. At each meeting a provider presents on their creativity and innovation in supports. This is a great topic for discussion that we can put on the agenda.
9. Do individual's goals need to be adjusted for programming changes as we re-open?
No, only if there is substantive change to the person's program/goals. Meeting minutes should suffice in most situations to meet any adjustments based on the pandemic.
10. Providers need to rethink how best to provide day services though the COVID epidemic. The number of people in group settings and the transportation to get them there is challenging. Is it possible for some residential providers to provide these services from the individual's home base rather than engaging them in their typical program site? Would the department support day and residential providers be collaborating on this model if it makes sense for particular individuals?
These are unprecedented times for all of us particularly the people we support. DDS has applauded the flexibility and creativity of both the public and private provider staff and agency's as they have supported individuals in ways not thought possible before. As we move towards reopening services, the Department must continue to support that same creativity and flexibility needed to get people back out into their communities. DDS would support temporary programmatic changes such as home-based services as long as these changes are in the best interest of the individual, are designed to increase the person's involvement in their community at whatever level is safe for them to participate, and the team, the day and residential providers are all in agreement.
11. Do we need to 'meet' with each case manager before opening in July or only the participants who are returning in July?
Each person who is starting day services on July 15 needs to have a meeting to discuss the provider plan and expectations. This could be accomplished in a number of ways virtual, conference call, and for those non-controversial situations email may work.

12. Does DDS recommend testing of staff for covid-19 before reopening? Will DDS have access to regular testing for providers like Nursing homes etc...

Testing is an important component of both the reopening of day and employment services along with visitation within DDS settings. Although DDS is not mandating each provider to test every staff and individual that they support, a provider may have the latitude to make this decision if it is what is best for their program and the individuals they support.

13. During covid-19 lock down our staff were deny entry into some of the CRS/CLA home to provide services to our IDN individual, going forward what will be the procedure.

Teams need to meet asap to determine when those services will start for the individual.

14. Updates on Transportation guidelines

Employment and Day providers have been asked to specify a process for transportation in their plans for reopening. The guidance issued by DDS outlines important measures that must be reviewed while reviewing transportation services. These measures include how many individuals will be transported at one time and a cleaning schedule after each use. DDS is also engaging in conversations with the Department of Transportation on public transportation protocols and statewide guidance.

15. Can DDS establish ONE service definition for ALL Day Group service authorizations so that providers can have the flexibility to meet individuals' needs on any given day?

The Employment and Day Support waiver is up for renewal this year. As part of our renewal process, DDS will be reviewing the support options currently available in the waiver. This will include how to make the supports more flexible to better meet the individual's needs. While Covid-19 has disrupted the timing of this review, DDS is committed to making these changes even if this will require an amendment sometime in the future.

16. Tips/guidelines for individuals that are unable to wear masks

We understand there are folks that are unable to tolerate wearing a mask. Providers should implement social distancing, cleaning and sanitizing protocols, and all DSP should wear masks.

PPE

17. How long will DDS continue to assist with providing agencies with PPE

It is the department's understanding that PPE will continue to be provided through the current process for the foreseeable future. As additional guidance is relayed, we will make sure to communicate this to providers.

Other

18. Will DDS providers receive additional reimbursement for creating isolation space to proactively lessen the risk of exposure and reduce cases. Nursing homes were able to receive specific reimbursement for this type of setting.

In the context of employment and day services, providers will need to address this situation in their reopening plans. For residential providers, we will work on this situation on a case-by-case basis.

19. Do you anticipate ongoing support for the ability to provide care in new and innovative care models (such as virtual modes of communication.)

Yes, DDS anticipates ongoing support for providers to provide care in new and innovative ways. The pandemic has broadened our perspective on the mechanisms in which supports can be provided. Not all of these new ways work well for everyone we support, but they expand the options that are available.

20. Has there been any progress on getting CT to establish our workforce as essential healthcare workers so that going forward they may be eligible for PPE/additional support.

DDS is in the process of submitting an additional request through the statewide EOC on this basis. It is important to note however, that many of the PPE concerns have been addressed through increased availability of PPE resources.

21. Has DDS discussed incentive pay for people going out to support people at their place of work? We will be advocating for incentive pay in the workplace for the people from DDS that we support.

DDS does not plan on separately reimbursing providers for incentive payments for their staff as the COVID-19 supplemental payment is intended to provide funding for additional expenses like ppe and incentive pay.

22. Update on guidelines for when behaviorists can return to a family home.

DDS guidance allows face-to-face support only when necessary for the health and safety of the individual. Behaviorists should be working through the team process to determine when and how they will be returning to family homes.

Questions from Providers as part of the Q&A portion of the meeting

23. Is there any chance that EVV will be delayed?

DDS continues to work with the Department of Social Services on rolling out the EVV process. EVV is a federally mandated process that was outlined in the federal 21st Century CURES Act. At this time, we have not been made aware of any delay in implementation and will move forward with the January 1, 2020 date.

24. Will the 85% billing apply to those on the budget system?

DDS fiscal is reviewing this question and will issue additional guidance shortly.

25. Can DDS consider continuing IHS supports as part of the future of IHS options? This could create more support hours for individuals served.

A steering committee was convened to review cluster supports and determine if changes to the program model and rate methodology would increase opportunities for individuals to live independently in an apartment setting. As part of the committee's recommendations, the group proposed to establish a pilot for providers to utilize group IHS supports. DDS added the group IHS supports into our Appendix K to give providers additional flexibility during the Covid-19 pandemic. It is the intent of the department to implement the recommendations of the committee beginning on September 1, 2020. The Committee's recommendation is as follows:

A pilot program will be developed that will allow individuals and the selected qualified providers to volunteer to utilize group IHS supports. The pilot will have the following criteria:

1. Each individual selected for the pilot will be approved for up to three authorizations (IHS, two-person group IHS, three-person group IHS).
2. Providers will submit the utilization of each authorization in webnesday or the EVV system.
3. The provider will monitor the utilization of the supports provided and agree to not bill for more than the individuals current total annualized IHS funding. In the event the provider

bills for an amount that is greater than the total current annualized IHS authorization, the provider agrees to reimburse DDS the difference.

4. Provider will submit to DDS back-up documentation on the utilization of the supports and the total funding billed.

26. Will there be an extension on the transitional program?

DDS is reviewing this option and additional guidance is forthcoming.

27. How should providers handle staff that are refusing to return to work?

If a staff person is refusing to return to work after a provider has required that they return, this should be reviewed by the provider's human resources unit and is within the provider's purview to move forward with disciplinary action.

28. Will there be a mechanism for provider feedback or participation in the incident review process?

Yes. DDS is working through the makeup for that committee and in what capacity providers and families may participate. This may include surveys etc.

29. If we are faced with Covid cases after reopening and we are forced to close for a couple of weeks, will we be able to recoup payment?

Yes. Providers can submit one-time requests for reasonable expenses during a COVID-19 related closure.

30. Is staff testing for Covid-19 mandated? Will providers need to secure contracts with testing facilities on an individual basis? Will a statewide contract be available? How will it be funded?

At this time, testing for provider staff is not mandated.

DDS continues to engage in conversations with the Administration on testing and will provide updated guidance as it is relayed.

Governor Lamont recently issued Executive Order 7AAA. This order does require mandatory testing in the following private and municipal facilities:

- Private and municipal Nursing homes
- Managed residential communities
- Assisted living service agencies

This order simply broadens the same facilities noted in executive order 7UU and does not extend mandatory testing to any DDS facilities.

31. If an individual refuses to wear a mask and they need to be transported in a smaller vehicle that does not allow for 6ft social distancing, however DSP wears a mask and is able to disinfect can we transport that individual?

Providers are asked to include details in their reopening plans on how they are going to accommodate individuals that are unable to wear a mask. This may include safety measures such as enhanced cleaning protocols and requiring additional PPE for all other staff and individuals in the vicinity.

32. Any progress on getting wifi into state operated homes?

DDS is working with the agency IT staff to resolve.

33. As part of our plan, we are requesting the teams allow for large group supports for individuals in small group support as part of Phase One and two. Is this allowable?
DDS has provided guidance related to group size – ideally 8 or fewer inclusive of participants and staff. It is possible to go above this size as long as you have the physical space to accommodate social distancing of 6 feet. We would encourage smaller groups in the first phase but understand that a Provider may need to expand group size to support the people who are coming back to day services.
34. Guidance on virtual supports and entering into webnesday?
Providers continue to be creative in creating engaging content and DDS continues to encourage providers to do think creatively on how supports can be provided.
35. What if an individual has decided to go to their family home for the duration of the pandemic but the family are hesitant to have that individual return. Can the provider continue to be paid?
DDS will have to work on a provider level and case by case basis on a plan to provide that individual services. The vacancy payments are for the prior months during the pandemic through August's billing. After that DDS will provide additional guidance. In addition, guidance will be issued on the billing process.
36. Guidance request on the residential payment for July, August and September and then what providers will be paid.
Services rendered in May (July payment) will be 120% of authorization, services rendered in June (August payment) will be 100% of authorization, and payment for September and ongoing is still under review.