



Department of Developmental Disabilities

COVID-19 QUESTIONS & ANSWERS

April 2, 2020

1	Can DD providers bill for telehealth and if so what are the codes?	Please see the COVID-19 Telehealth Delivery Policy and Procedure for RI Medicaid which can be found on the EOHHS website at www.eohhs.ri.gov on the main page under News or at the link: http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/1115Waiver/COVID_2020/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_03252020_vF.pdf
2	If an individual develops symptoms of the virus, what should be done?	If you suspect that you or someone you're caring for has COVID-19, call your primary care physician. Do not go into your doctor's office or the Emergency Room without calling first. Medical offices and hospitals have COVID-19 protocols to protect other patients. If the individual is having a health emergency, call 911 and let the operator know that you suspect COVID-19 so the EMTs can be prepared when they get to your home. Report the suspected virus to BHDDH through a phone call to the QA hotline at (401) 462-2629 or your provider should report it to QA through Therap so that BHDDH can report to the Dept of Health and follow up if needed. The Dept of Health is prioritizing those who live in congregate settings like group homes for testing.
3	Self-Directed Programs need to have in place a way to call for emergency direct care providers when our regular staff are unable to come to work. There are many people out of work who could be recruited to be care givers. We need a coordinated system in place.	BHDDH recommends utilizing Care.com, which is providing free access to their website. Individuals can use this website to find direct care or to volunteer to provide direct care. https://www.care.com/ BHDDH is reviewing additional options.
4	What can be done if someone is experiencing a behavioral health emergency?	BH Link is an available resource and can now provide telehealth services as well. BH Link's goal is to connect people seamlessly to ongoing treatment. BH Link's mission is to ensure all Rhode Islanders experiencing mental health and substance use crises receive the appropriate services they need as quickly as possible in an environment that supports their recovery. Call 911 if risk of immediate danger. For more information visit the BH Link website at www.bhlink.org FOR CONFIDENTIAL SUPPORT AND TO GET CONNECTED TO CARE:

		CALL 401-414-LINK (5465) FOR UNDER 18 CALL: 855-KID(543)-LINK(5465) VISIT OUR 24-HOUR/7-DAY TRIAGE CENTER: 975 Waterman Ave., East Providence, RI
5	What do we do if an ISP is due and how will services be authorized if a new ISP cannot be developed?	In response to CDC recommendations and the State of Emergency declared by Rhode Island, the Division of Developmental Disabilities (DDD) encourages individuals and plan writers to modify, postpone, or cancel ISP meetings for the safety and well-being of themselves, family, friends, staff, and the community. In order to comply with the Medicaid requirement for a signed plan every 365 days, DDD has developed a simple form for use by individuals who assert that their current plan continues to meet their needs. You can find the new Interim ISP COVID-19 form on the BHDDH website under Forms and Policies, or this link: https://bhddh.ri.gov/developmentaldisabilities/pdf/Interim%20ISP%20COVID-19%20v2%20fillable%20form.pdf
6	Do providers still need to collect patient share?	Yes, all collections should continue until otherwise directed. The State is seeking permission from Medicaid to waive this, but has not yet received permission.
7	Are you aware of any state resources that are available or in development related to self-directed support workers? I am looking for guidance on what employer responsibilities are, particularly related to compensation and unemployment if hours are reduced or restricted, and movement within the community.	Employees can collect unemployment. If there are specific questions about this, individuals should reach out to their FI who can provide them with information.
8	People who live on their own and self-direct are asking about what might happen if there is a statewide lockdown. Will their staff be issued some sort of ID to show they are essential staff?	This will have to be worked out with State Police and other agencies if it happens. There will probably not be IDs. A letter from the employer can be provided to the essential worker stating that they are essential.
9	What do we do if we have supplemental funding with an S110 that is about to expire?	Individuals who have an S-110 that is ending can send in an S-109 form filled out so we can extend the funding that is currently in place, if an individual is still in need of it. The extension will be for a quarter, but can be extended if needed.

10	How does the guidance to stop "non-essential home visits" apply to self-directed individuals?	If the visits are deemed essential by the individual and their family, they should continue and follow all CDC guidelines.
11	If the need should arise for a son/daughter/loved one with a significant developmental disability and numerous serious health issues to be hospitalized for COVID19, would a parent or other caregiver with healthcare power of attorney be able to accompany that person and remain with them in the hospital during the duration of their stay?	BHDDH defers to the RI DOH and suggests seeking hospital guidance. https://health.ri.gov/covid/ If restrictions are in place, we encourage families to put together concise information about their loved one for the hospital staff in advance.
12	Can DLT provide guidance to DDOs, on Unemployment Insurance for essential workers?	See DLT website. http://www.dlt.state.ri.us/
13	Are employees at DDOs considered essential employees?	Pending response
14	What quarantine practices should DDOs use?	DDOs should follow the CDC and RI Department of Health guidance on quarantine and caring for people who are sick. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html
15	Will retainer payments be made?	Yes, the State has provided a communication on this.
16	Was a Medicaid waiver submitted to allow for additional flexibility with COVID?	Yes, a final copy was distributed to the interested parties list serve.
17	Are there alternative locations for quarantine?	RIEMA and the Dept of Health are leading efforts to address quarantine / isolation.
18	What are essential services?	BHDDH has not defined essential consumer services as they vary depending upon the needs of the individual. Services should continue to be provided based on need.
19	Can services be provided in my house?	See guidance on Non-Essential visits and telehealth. (Questions #1 and #10)
20	Can billing at current number of weekly hours per consumer be allowed	The retainer payments were provided to address the issue of funding reductions. Providers should bill for services rendered.

	even with reduced hours of care allowing employee retention and economic stability?	
21	Will fiscal intermediaries receive and pass on clear guidance regarding parameters of who can work, and what qualifies for care?	This request is under consideration.
22	We are told that DD SCW reach out to consumers to determine what essential services are/not being delivered. When will these calls happen? If English is not the primary language spoken by the family, will there be interpreters on the call?	Outreach calls have been happening for about 3 weeks and are continuing. Outreach efforts were prioritized for participants living alone or with a single older caregiver to ensure they have the supplies they need, a backup plan if one or both become ill, and that the plan and other contacts are documented if the social caseworker needs to provide assistance during a crisis. Social caseworkers have access to interpreters as needed.
23	How can I reach my caseworker if I have questions?	Call 462-3421 during normal business hours. For emerging or imminent care related questions, someone will be on call on nights and weekends at 265-7461. DDD is using a centralized phone number for all calls to ensure all calls are captured and responded to if a caseworker is unavailable.
24	How can families refer consumers who require additional services for health or behavioral health or other reasons that are the result of decreased staff time/social distancing/quarantine?	There are no changes in the BHDDH referral process. For medical health, contact the consumer's PCP. For behavioral health, resources such as BH Link will remain available. Some services can now be provided via telephonic/ telehealth processes.
25	During this crisis, can family members be paid for providing services that would typically be provided by staff?	This request is under consideration.
26	If my family member loses their job because of COVID-19 closures, should they apply for unemployment?	BHDDH recommends visiting the DLT website for more information: http://www.dlt.ri.gov/ui/
27	If my family member has more than one part time job, but only one is shut down due to COVID-19, should they apply for unemployment?	BHDDH recommends visiting the DLT website for more information: http://www.dlt.ri.gov/ui/

28	How will SSI/SSDI be affected if someone does/does not collect unemployment?	BHDDH does not administer SS benefits, please consult with SSA.
29	Should an individual work if their employer gives them the opportunity to "keep their foot in the door"?	BHDDH recommends visiting the DLT website for more information: http://www.dlt.ri.gov/ui/
30	What precautions should individuals take if they choose to work?	Follow the CDC and RI Department of Health guidelines.
31	With a limited workforce and families forced to stay home, what are the options for transportation?	Families can transport or uber/taxi can be used. Alternative transportation is being paid for through an FI.RIPTA and Ride are continuing to operate, and MTM is still available for medical trips.
32	When it becomes safe to return to work, will state leaders speak to the community about the benefits of returning to a diverse workforce to promote the "rehiring" of a largely untapped workforce?	BHDDH will continue to promote employment for the people we serve. Advocacy groups such as APSE and the Employment First Task Force and other advocates, especially self-advocates, are encouraged to continue to educate all State leaders, employers, and the general public about the benefits of a diverse workforce, and the opportunities presented by this untapped workforce.
33	Will there be increased rates for home health and direct service worker (DSP) agencies to provide HCBS during the health care crisis?	This request is under consideration.
34	Will agencies provide paid sick leave, paid family leave, and paid medical leave to DSPs?	BHDDH recommends visiting the DLT website for more information: http://www.dlt.ri.gov/ui/
35	If I self-direct, can I provide paid sick leave, paid family leave, and paid medical leave?	No, funding cannot be used for paid leave. If a staff person is unable to work due to illness or is laid off, the staff can collect TDI or unemployment.
36	How will the state provide emergency supplies and equipment necessary to enhance access to services and to protect the health and well-being of DSPs during the COVID-19 crisis?	BHDDH has requested personal protective equipment as part of the State's coordinated response.

37	Will staff (DSPs) receive training specific to COVID-19 emergency?	It is each agency's responsibility to ensure their staff have the needed information and training. RI Dept of Health has put out guidelines for home care at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-home-care.pdf and the CDC page has a lot of information as well. https://www.cdc.gov/coronavirus/2019-ncov/faq.html
38	How will the state pay for assistive technology or other costs incurred during the crisis in order to facilitate implementation of an individual's person-centered service plan?	The public health emergency has not changed the funding mechanisms for assistive technology. If someone requires assistive technology or other goods and services, they will be able to access it through general Medicaid or through waiver-funded services as usual.
39	If my family member needs to be hospitalized, will hospital staff receive instruction re: how to treat people with I/DD?	BHDDH will provide this concern and recommendation with EMA.
40	What can I do to prepare my family member for any hospitalization? What can or should I bring to the hospital?	Bring a <u>concise face sheet</u> that includes: Basic information such as name and date of birth, immediate contacts, medical and behavioral health needs, diagnoses, how the individual communicates, what medications they are taking, dietary restrictions and eating guidelines. Please consult with the clients' PCP, or other medical provider, for further information.
41	If my family member has an emergency, where should I go? Who should I call?	For medical emergencies, call 911 and tell the operator if it is a COVID-19 related emergency. For behavioral health emergencies, call BH Link (see above).
42	What are retainer payments intended to fund?	Retainer payments were approved to respond to the immediacy of provider cash flow and resources to support agencies impacted by COVID. Please refer to the provider MOU on retainer payments for additional details.
43	How were the retainer payments calculated?	BHDDH recognizes that due to program closure and social distancing guidelines, a number of DD services will have a significant reduction in utilization. Looking at each service type and with considerations of agency and self-directed consumers, we made some estimates for what we anticipate will continue for billable/delivered services. These assumptions were then applied to past claims experience by provider, which resulted in retainer payments by provider for those delivered services.
44	Where did the \$15.4M come from to support/fund these payments?	BHDDH reviewed past claims for specific services known to be fully impacted by COVID (day program/transportation) and for specific services assumed to be partially impacted by COVID (employment/community supports). Using these assumptions and applying these against past claims, the total available amount was used to calculate these retainer payments at the provider level.
45	If I received a retainer payment, can I still bill?	Yes. We know and encourage services to continue. Our individuals and their families depend on your support and services through this crisis. Part of the goal of these payments is for agencies to continue to retain their workforce in the absence or reduction of billing. This retainer will hopefully support agencies in deploying staff as needed to residential and other essential services.

46	What services are these retainer payments based on?	All services were reviewed for applicability for projected changes in utilization.
47	When will these retainer payments go out?	Please refer to the Retainer Payment Communication document for this information
48	What can these payments be used for? Are there restrictions?	Providers, in accordance with the MOU, are to use these funds to address staffing and service retention needs. These funds can be used flexibly and individually to respond to COVID related expenditures.
49	Why does the MOU state that future payments will be reviewed against claims?	Because we are early in this crisis, we are estimating what we think will continue for services. As this is evolving, we need to monitor these estimates. This will enable us to adjust these estimates and payments accordingly.
50	If a provider has questions about retainer payments, who can they contact?	Marlanea Peabody or Kevin Savage would be the best points of contact.

For more information on retention payments, see the document [here](#) [files.constantcontact.com].