



**TRANSCRIPT**  
**COMMUNITY FORUM: COVID-19**  
June 5, 2020 ▪ 12:00 pm via WebEx

WEBVTT

1 00:00:00.000 --> 00:00:14.574 **Winslow Woodland:**

Good afternoon everyone, this is Winslow Woodland, Deputy Director for the Developmental Disabilities Administration of the Department on Disability Services. I am sitting in for Director

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00:00:58.255 --> 00:01:04.344

Andrew Reese, I like to first of all welcome everyone to the call.

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00:01:05.605 --> 00:01:09.534

We have combined our Community Forum with our Provider Forum.

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00:01:10.885 --> 00:01:11.155

I like to

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00:01:11.155 --> 00:01:21.474

also, take this moment to just express our tremendous gratitude for our provider community for supporting the people that we serve as well

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00:01:21.474 --> 00:01:28.465

as the advocacy community for also sharing and assisting with us during this time,

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00:01:28.465 --> 00:01:39.084

the concerns of the community. I like to give a shout out to Project Action self- advocates who we had a very enlightening telephone call.

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00:01:40.614 --> 00:01:48.474

One of my biggest takeaways from that call was during Phase One of the reopening people will be sitting at sidewalks and



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00:01:50.454 --> 00:01:53.995

I do not believe the conversations has been had that

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00:01:56.454 --> 00:02:09.835

who utilize devices such as wheelchairs and other mobility assistant devices that the sidewalks are a consideration.

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00:02:09.835 --> 00:02:13.705

So, we shared that concern.

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00:02:14.245 --> 00:02:29.185

I also would like to give a special recognition for the fact that while we are dealing with the pandemic in the public health emergency our fair city has had to

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00:02:30.775 --> 00:02:34.794

become one of the focal points for recent events

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00:02:34.824 --> 00:02:36.115

in the news

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00:02:36.865 --> 00:02:39.085

there have been demonstrations in our city,

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00:02:39.449 --> 00:02:51.925

which have affected all of us and I also again want to give shout outs to our advocacy community and our provider community as well as our staff here at DDA

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00:02:52.435 --> 00:02:58.555

for supporting people and ensuring that they understand what is actually happening around them.



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00:02:58.555 --> 00:03:12.955

We have already had limitations placed on our ability to move about freely and that has been further increased this last week with curfews needing to be established to maintain public safety.

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00:03:14.544 --> 00:03:29.514

With that I am going to give you the update on the numbers regarding people who have tested positive for COVID-19 as of

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00:03:29.514 --> 00:03:31.465

close of business yesterday.

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00:03:31.919 --> 00:03:40.675

We had 195 people who tested positive for the coronavirus.

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00:03:43.014 --> 00:03:53.935

Sadly, we have lost 25 as a result of the coronavirus. Currently,

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00:03:54.655 --> 00:04:09.474

we have 61 people who are hospitalized and 99 people who tested positive, but did not require hospitalization.

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00:04:09.474 --> 00:04:11.634

In the breakdown by setting,

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00:04:12.865 --> 00:04:17.185

currently, we have three people

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00:04:18.894 --> 00:04:27.805



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in host homes who have tested positive, we have 13 people who live in their own homes who tested positive.

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00:04:29.035 --> 00:04:36.504

We have 79 people who are supported by services Supportive Living who have tested positive.

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00:04:37.194 --> 00:04:43.194

We have 25 people who are in residential rehabilitation settings

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00:04:43.194 --> 00:04:49.165

who have tested positive and we had 73 people who live in intermediate care facilities tested

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00:04:50.514 --> 00:04:58.495

positive and two from the nursing homes who have tested positive.

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00:04:58.495 --> 00:05:08.185

To date we have 224 counts of positive provider staff. There is one person who is reported from two providers.

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00:05:08.185 --> 00:05:20.454

So, the unique number of people is 223 and sadly, six of those have expired. I am going to turn it over to Deputy Director, Kirk Dobson for some updates, take it away Kirk.

**38 Kirk Dobson:**

00:05:20.935 --> 00:05:33.865

Thank you. So, I just wanted to raise a couple of issues for our providers. Recently, we completed an internal audit of the implementation of Mayor's order 063

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00:05:34.105 --> 00:05:49.074



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and the emergency policy that was embedded in transmittal 2001 across all the residential providers, and we found a number of inconsistencies across the board. I urged provider to re-read the Mayor's order and transmittal that was sent

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00:05:49.134 --> 00:06:00.834

and to take steps to fully implement the provisions of the order and the transmittal. If you have any questions or need any assistance do not hesitate to contact your assigned Quality Resource Specialist, or you can call me, or email me directly.

41

00:06:01.495 --> 00:06:16.464

My number is 202-590-7618, again that is 202-590-7618 and my email address is [kirk.dobson@dc.gov](mailto:kirk.dobson@dc.gov).

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00:06:16.464 --> 00:06:19.704

I have instructed the Quality Assurance

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00:06:19.704 --> 00:06:33.685

and Performance Management teams to begin to incorporate the protocols in the Mayor's order into the performance tracking, including provider's report card, PCR protocols and considerations for possible sanctions where appropriate.

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00:06:33.685 --> 00:06:46.345

So, I really urge all providers to re-read the Mayor's Order and transmittal and start to implement, if you have not already implemented any of those protocols in your settings. Secondly, I just wanted to give an update,

45

00:06:46.375 --> 00:06:59.095

I have given the go ahead to resume PCR remotely and we are doing it just on a trial basis to see if it is feasibility. We are really just trying to ascertain how we can do upcoming months remotely instead of having to do it onsite.

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00:06:59.334 --> 00:07:02.394



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So the PCR team to be reaching out to providers

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00:07:04.584 --> 00:07:18.084

to review calendars to begin scheduling these reviews remotely. If any provider has any issues with that or they think there is something that will prevent them from ongoing remote, please call or email me directly to discuss again

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00:07:18.084 --> 00:07:32.274

It is 202-590-7618. If any Provider has an issue that will prevent them from undergoing any kind of any remote go ahead and call, again this is only on a pilot basis.

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00:07:32.334 --> 00:07:47.004

So we are just trying to see if we will be successful as of right now, we have not fully resumes the PCR process. Thank you Deputy Woodland. Alright, so did we receive questions?

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00:07:47.245 --> 00:07:52.345 **Crystal Thomas:**

No, so we did not receive any questions prior to this forum.

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00:07:52.345 --> 00:08:05.245

So, if you would text what is your number to text, or if you can leave numbers in the chat box so that we can respond to any questions you may have.

52

00:08:10.524 --> 00:08:24.235 **Question:**

Someone asked if they could have the number again, please. So, if you can restate your number, so you can text right now or if you need to reach me it is 202-590-7618 and we are entering into the chat box as well.

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00:08:24.595 --> 00:08:24.714

So,

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00:08:24.714 --> 00:08:25.074



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202-590-7618

63

00:08:32.424 --> 00:08:41.004 **Question:**

Someone also asks about inconsistencies within the audit of the mayor's order?

64 **Kirk Dobson:**

00:08:41.485 --> 00:08:50.394

So, I guess more information regarding that. So we will be reaching out to providers that we have identified as having inconsistencies one on one to make sure they are going through it.

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00:08:50.605 --> 00:08:59.634

The inconsistencies are more along the lines of just not posting the required the posters and signage are not properly doing the visitor logs and things of that nature.

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00:09:00.054 --> 00:09:14.095

There is no health and wellness problems that we've identified in this audit is just making sure that the specific protocols as outlined in the Mayor's order are being followed and an entirety. And so we just want to make sure that we address all those protocols and all those efficiencies.

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00:09:14.095 --> 00:09:17.215

But we literally reaching out to each and every provider that we've identified.

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00:09:20.634 --> 00:09:21.205

Okay,

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00:09:21.715 --> 00:09:27.865 **Question:**

You stated DDS is considering sanctions, what deficiencies is considering issue

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00:09:27.865 --> 00:09:29.394

insight sanctions for?



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71  
00:09:30.205 --> 00:09:33.325  
and this is in regards to DDA,

72  
00:09:34.794 --> 00:09:39.865 **Kirk Dobson:**  
this is specific to provider residential providers who are currently providing services during emergency.

73  
00:09:41.065 --> 00:09:55.465  
So, we are sanctions is the last resort, but if we identify a provider that is not making any changes or identifying the are conforming to the protocol, within the mayor's order, we will get to that level. If there is no action being taken.

74  
00:09:55.585 --> 00:09:56.424  
That's just as I said,

75  
00:09:56.424 --> 00:09:57.384  
a last resort,

76  
00:09:57.985 --> 00:09:59.754  
but as I think some people could not hear,

77  
00:09:59.754 --> 00:10:08.154  
but I will repeat my last statement we have identified certain consistencies in things such as posting the appropriate posters and signage as required by the order,

78  
00:10:08.274 --> 00:10:11.784  
or just incorrect from handling the visitor logs and things like that.

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00:10:11.995 --> 00:10:22.434





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There is no health and safety concerns for any of the residents at this time but we want to make sure that providers are following the Mayor's order entirety and being specific to what is required.

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00:10:22.434 --> 00:10:37.254

So, we will continue to reach out to providers as we identify those, identify those issues and help providers, direct fight. The goal is to help providers as much as possible and getting these things done, it is not to penalize providers.

81

00:10:37.524 --> 00:10:42.264

But I just wanted to say that as a caveat that sanctions are possible providers aren't doing what is asked.

82

00:10:43.735 --> 00:10:51.205 **Question:**

Thanks. For the appendix K amendment to the skilled nursing rate. Is there another amendment due to the companion care rate?

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00:10:56.965 --> 00:11:07.134 **Winslow Woodland:**

We are not updating any. We have the hourly rates as a part of the amendment.

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00:11:07.134 --> 00:11:15.504

So, the companion is a part of the, any hourly service provided to a person supporting them through.

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00:11:15.504 --> 00:11:30.205

This is a part of the amendment that we have submitted to the Department of Healthcare Finance and it's my understanding, it's with the state Medicaid Director as we speak.

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00:11:33.684 --> 00:11:41.664 **Question:**

How many residential placements are under quarantine? **Winslow Woodland:**  
As of yesterday there were



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87

00:11:42.414 --> 00:11:43.044  
seven.

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00:11:46.105 --> 00:11:58.945

I also saw a question about the breakdown of the death of people that we supported and so we have had two deaths.

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00:11:59.004 --> 00:12:06.054

People living in their natural home, eleven from people supported in Intermediate Care Facilities.

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00:12:06.475 --> 00:12:21.174

Eight people who have been supported in supported living settings, two in residential settings, one in host home and one in a nursing home. Okay.

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00:12:49.434 --> 00:13:01.134

I just need to clarify I just was off a bit with regard to the companion services. We are amending or have submitted an amendment to the companion rate.

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00:13:01.465 --> 00:13:15.924

What we recognized through an inquiry by provider is that we had a group rate of one to three, and we had a one to one rate. But if two people were supported, they would have to have a group rate.

93

00:13:15.924 --> 00:13:27.054

And we recognized that we needed a one to two rate. So that is also been submitted for the amendment as well as the hourly services.

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00:13:37.345 --> 00:13:45.325 **Question:**

If your communication between DC Health and DDA services regarding staff who test positive, who may work in settings under both agencies?



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95

00:13:46.049 --> 00:13:46.710 **Kirk Dobson:**  
So,

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00:13:46.705 --> 00:13:47.514  
when we,

97

00:13:47.754 --> 00:13:50.154  
when we receive a staff profile,

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00:13:50.154 --> 00:13:51.684  
or if we are notified,

99

00:13:51.684 --> 00:13:54.715  
that staff is tested positive for coronavirus or COVID-19,

100

00:13:55.014 --> 00:13:59.904  
we share that information with DC Health and DC Health does the coordination,

101

00:13:59.904 --> 00:14:01.195  
contact

102

00:14:01.195 --> 00:14:04.404  
tracing between agencies and for that staff person.

103

00:14:04.644 --> 00:14:14.875  
And so we make sure to keep in constant communication with our partner in this fight against COVID-19 and we definitely all the, all the health agencies are part of that fight.

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00:14:14.875 --> 00:14:20.304

So, yeah, we do have a conversation DCHF two then. Does that work?

105

00:14:35.095 --> 00:14:43.40 **Question:**

Does the overtime for residential services applies to in home support? **Winslow Woodland:** I would specifically ask that

106

00:14:43.404 --> 00:14:52.495

you submit that to me directly because the question as I read it is not clear.

107

00:14:56.664 --> 00:14:58.825

So what is your number? 202-730-1618

108

00:14:58.825 --> 00:14:59.815

202-730-1618 for Deputy Director, Winslow Woodland

122

00:15:14.815 --> 00:15:15.144

Yes.

123

00:15:21.595 --> 00:15:26.634 **Question:**

Does DDS have a proposed timeline as to when programs might reopen?

124

00:15:26.634 --> 00:15:38.634

We no longer have a stay at home and date to follow so it is unclear what to communicate to our person staff when ask when they may return to the day program? Yeah.

125

00:15:38.904 --> 00:15:39.504

So,

126

00:15:39.534 --> 00:15:46.375



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this question seems to be one that we are addressing almost weekly,

127

00:15:47.154 --> 00:15:51.024

which let me know that some people are not always on the call

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00:15:51.024 --> 00:15:56.784

or have not taken the time to review what we have discussed from the previous call just

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00:15:56.784 --> 00:16:11.065

so everyone knows these forums are posted on our website. So if you happen to miss one, I encourage you to review the forum with regard to the day programs reopening.

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00:16:11.575 --> 00:16:13.014

As the director stated.

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00:16:13.014 --> 00:16:13.764

Last week,

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00:16:13.794 --> 00:16:20.695

we have a committee of people working on what that actually looks like we,

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00:16:20.754 --> 00:16:23.605

within that committee as of this week,

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00:16:24.085 --> 00:16:26.274

offering of an assessment tool,

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00:16:27.085 --> 00:16:29.784

from the people on that committee,



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136  
00:16:29.904 --> 00:16:32.965  
the draft of an assessment tool that could be used.

137  
00:16:33.299 --> 00:16:47.004  
To determine how we phase in people being able to go out. Now, when we talk about day programs, we're also talking about settings of groups of people.

138  
00:16:47.695 --> 00:17:02.245  
The current phase one does limit the amount of people in groups and also has some stipulations that make opening up a day program. When I see

139  
00:17:02.245 --> 00:17:09.714  
day program. I am assuming, that is a large scale program with more than ten people.

140  
00:17:10.674 --> 00:17:18.234  
We also have given guidance on what we believe in terms of phasing in the phases.

141  
00:17:18.509 --> 00:17:33.234  
So the most vulnerable of our population likely throughout the phases may have still very limited contact with their external environments and so this question is a national question.

142  
00:17:33.595 --> 00:17:45.775  
There are states who have opened up and has not opened up their day programs. When I am speaking of day programs I am talking about your larger program.

143  
00:17:47.605 --> 00:17:48.234  
So,

144  
00:17:48.684 --> 00:17:53.904  
I would welcome a discussion from this person at 202-730-1618.



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00:17:56.394 --> 00:18:07.464

because it is sort of is interesting that inquiries to this questioner is focused on.

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00:18:08.035 --> 00:18:17.815

I am sharing with people when they can come back to their program. And the expectation of these forums is that you are able to provide guidance.

151

00:18:17.845 --> 00:18:27.055

One of the expectations is that you are able to provide guidance to people that we support and we have asked and answered this questions several times.

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00:18:27.444 --> 00:18:41.934

I just want to make sure we are all on the same page with what the phases look like for people. To add what you shared Deputy, I wanted to this was Crystal Thomas.

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00:18:42.625 --> 00:18:49.045 **Crystal Thomas:**

I wanted to add that we do meet weekly and in that committee, we have five providers.

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00:18:49.825 --> 00:19:03.775

We have five folks from staff from DDS as well as folks from the community, which includes parents of folks that are at the day program, they are self-advocates

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00:19:04.255 --> 00:19:06.684

and so we are meeting weekly,

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00:19:06.684 --> 00:19:21.384



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we have divided the committee into two subcommittees working on an assessment so that we can assess folks individually to see the readiness and transitioning back to the day program as well

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00:19:21.384 --> 00:19:27.234

as another subcommittee of some of our experts from the day program

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00:19:27.234 --> 00:19:33.115

world to discuss that process and transitioning back into the community.

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00:19:33.595 --> 00:19:45.894

So just wanted to give a little bit more information regarding that. Any other questions.

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00:19:48.535 --> 00:19:50.875 **Question:**

Since you have approved remote health visit,

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00:19:50.904 --> 00:19:53.035

what is DDS approved

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00:19:53.424 --> 00:20:08.244

remote meeting application and secure platforms, taking HIPPA and confidentiality into consideration? **Kirk Dobson:** So we have taken the advice and the instructions provided by OCTO, which is our Office of the Chief Technology Officer for District of Columbia.

163

00:20:08.424 --> 00:20:12.684

and so we are using what is approved and secure. There are very

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00:20:14.125 --> 00:20:25.345

applications that we will use ranges for Microsoft Teams to Skype to WebEx and, you know, sometimes it is a phone call that work, but there are other tools that we will use as well.



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00:20:26.125 --> 00:20:32.335

The appropriate staff person, who will be reaching out will advise on what capabilities providers have and go from there.

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00:20:39.984 --> 00:20:44.005 **Question:**

Are other providers allowed to join the committee to discuss the potential plan?

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00:20:44.005 --> 00:20:44.244

**Crystal Thomas:** So,

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00:20:44.244 --> 00:20:50.394

currently we have five providers on the committee,

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00:20:52.045 --> 00:21:00.865

and we definitely want to keep it at a certain amount so that we are able to really move forward with action items.

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00:21:02.275 --> 00:21:15.204 **Kirk Dobson:**

I would add to that. Also, I am in the planning phases, currently restarting the provider leadership meetings, and we are hoping to have one in June, late June, and that forum, we are going to invite executive leadership from every single provider.

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00:21:15.204 --> 00:21:27.025

That DDA currently contracts with to have a conversation. There is going to be a presentations from different agencies. Part of the meeting will be a conversation around thoughts around day programs.

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00:21:27.295 --> 00:21:40.825

So look for that invite and we will have a bit of a conversation there, but to Crystal's point, I think, you know, keeping the committee relatively small is very helpful and get ideas across and then we are also looking to what is the best practices around the country.



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00:21:40.825 --> 00:21:43.464

So I think there is different opportunities for

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00:21:44.184 --> 00:21:46.134

getting into the best practices,

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00:21:46.134 --> 00:21:46.644

but also,

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00:21:46.644 --> 00:21:51.954

if you could also definitely email any concerns or any advice that you have to myself,

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00:21:51.984 --> 00:21:57.535

Deputy Woodland or Crystal. **Crystal Thomas:** And to that point,

178

00:21:57.775 --> 00:22:04.434

this forum also is for anything you want to share as far as best practices.

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00:22:04.434 --> 00:22:11.154

Something that you have read or discovered, we can definitely share that with this forum.

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00:22:11.305 --> 00:22:24.954

So it is us answering questions as well as you providing information as well. **Question:** Is Dr. Brown assisting with individuals who are hospitalized?

181

00:22:24.984 --> 00:22:31.944

If so, how many cases is he involved with and has DDS inform providers how to request his assistance?



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182

00:22:33.234 --> 00:22:46.194 **Winslow Woodland:**

So, the first part and the question is yes, the second part I would like to be called directly. So that we can discuss that, I am not going to provide that publicly.

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00:22:46.555 --> 00:22:52.825

And with regard to has DDS providers been informed in August 2019.

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00:22:53.335 --> 00:23:02.904

We developed the protocol it is posted on our website, I have again resubmitted that protocol to the provider community.

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00:23:03.355 --> 00:23:08.785

And some of the answer is, when a cases being clinically complex

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00:23:09.390 --> 00:23:13.525

providers, DDA staff and myself,

188

00:23:15.295 --> 00:23:27.565

or any of our health and wellness teams, family members, or anyone who believes that the criteria for clinical complexes been met and they need the assistance of our physician

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00:23:27.565 --> 00:23:31.045

consultant is welcome to request a referral.

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00:23:31.319 --> 00:23:39.204

Those referrals are approved by DDA and then submitted to Dr. Ernest Brown,

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00:23:39.744 --> 00:23:51.414

who is our physician consultant and has been since August of 2019.

192

00:23:51.414 --> 00:23:55.285 **Question:**

As for day programs if a day program has more than one space

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00:23:55.315 --> 00:24:08.634

could they have more than the ten person in the building? **Kirk Dobson:** So I think we are saying, we are in the planning phases for day programs and how they look in this post COVID world.

194

00:24:08.970 --> 00:24:19.734

So, those are considerations that will definitely be discussed in various forums right now. We do not know, I think just a reminder that we are in the phase one of the mayor's plans for reopen.

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00:24:19.734 --> 00:24:29.154

So we, as part of this plan, there is still a bit of an essential only kind of perspective. So, we are not quite there yet, but we are definitely in the planning stages for this.

196

00:24:35.605 --> 00:24:37.674

I see a comment here about the health visits and their

197

00:24:38.214 --> 00:24:45.984

remote services. To be clear when I discussed about remote visits or remote participation from a quality perspective,

198

00:24:45.984 --> 00:24:59.694

we are talking about our quality resource staff and our PCR staff there are no health visits remotely that I am speaking of, the staff will advise the appropriate people about remote opportunities that,

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00:24:59.694 --> 00:24:59.964



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you know,

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00:25:00.744 --> 00:25:03.654

as that happens but I am not discussing health visits.

201

00:25:03.654 --> 00:25:11.545

I am talking about provider quality and provider performance, check-ins and reviews.

202

00:25:25.194 --> 00:25:32.275 **Question:**

Some individuals at home in the residential services do not have access or adequate training on technology for remote support,

203

00:25:32.275 --> 00:25:42.055

sometimes the support staff do not have the knowledge or training either. Is DDS able to provide funding for tablets and training so that services can be continued?

204

00:25:44.634 --> 00:25:45.295

I want to stop,

205

00:25:46.404 --> 00:25:47.214

so,

206

00:25:47.244 --> 00:25:47.575

you know,

207

00:25:47.575 --> 00:26:01.464

I think DDS is definitely working on different avenues that we can figure ways for providers to provide technology to the people they support and to provide that support to providers themselves.

208



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00:26:02.244 --> 00:26:14.454

DDS have been working help sorry? Tech first project for a while and is really kicking that off. And so hopefully, soon we will have a little bit more information on some avenues or get access to technology.

209

00:26:14.755 --> 00:26:22.855

I will say we are actively seeking out opportunities for technology, technology training, especially as part of this pandemic response.

210

00:26:23.190 --> 00:26:37.674

But right now we are really just trying to work with our partners to figure out what we can do, but we do have a tech first initiative. That is getting ready to launch and has launched, Crystal to say more to that. But we are working on certain things.

211

00:26:43.194 --> 00:26:46.075 **Question:**

Do we know yet who would be leading the team?

212

00:26:58.644 --> 00:27:05.815 **Kirk Dobson:**

Our team continues to be led by Barbara Stachowiak, who works with DDS providers and the PR team.

213

00:27:11.454 --> 00:27:23.605 **Question:**

So, in regards to the newly admitted individuals and group homes is the 14 day quarantine requirement met if the individual has been confined in his family home for at least 14 days?

214

00:27:25.015 --> 00:27:25.704

So,

215

00:27:25.884 --> 00:27:27.744

with regards to this question,

216



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00:27:28.015 --> 00:27:31.015  
if I hear correctly,

217  
00:27:31.015 --> 00:27:32.694  
if someone is new,

218  
00:27:32.724 --> 00:27:37.345  
and they are being supported newly with a provider,

219  
00:27:37.674 --> 00:27:44.664  
the question is to 14 day requirement met,

220  
00:27:45.265 --> 00:27:49.434  
this is not clear to me what the question is asking.

221  
00:27:49.434 --> 00:27:59.664  
So, again, I'll take this question individually, 202-730-1618 you can call me after this call I will be in the office.

222  
00:28:10.319 --> 00:28:21.954 **Question:**  
Where are the partners who are working with on the access to technology issue? **Kirk Dobson:** We are working with our local agency partners as well as federal partners and see what is available, federal government partners.

223  
00:28:29.424 --> 00:28:30.775 **Crystal Thomas:**  
Are there any other questions?

225  
00:28:45.625 --> 00:28:56.394 **Question:**  
How have we made any changes to the internal protocol for accessing technology under the waiver? Was this done under the appendix K



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226

00:28:56.394 --> 00:29:02.994

or will it be or is this something that what you are doing or working on now and what is the timeline?

227

00:29:14.755 --> 00:29:22.404 **Winslow Woodland:**

We did not amend the appendix K for accessing a technology.

228

00:29:24.595 --> 00:29:26.755

And, yeah, certainly will be working on one.

229

00:29:30.204 --> 00:29:36.535

And in terms of timeline, I would have to get back to you on that.

230

00:30:13.045 --> 00:30:16.704 **Question:**

Where are the local agencies you are working with on the technology issue?

231

00:30:17.335 --> 00:30:28.884 **Kirk Dobson:**

Other district agencies from the health cluster, OCTO and other technology partners within the District of Columbia Government.

232

00:30:56.454 --> 00:31:08.875

I like to give an opportunity for our physician consultant, Dr. Brown, just to explain a little bit about what he does with regards to referrals for clinically complex people. Dr. Brown are you there?

233

00:31:11.755 --> 00:31:12.025

Yes

234

00:31:16.585 --> 00:31:17.035

Yes





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235

00:31:17.035 --> 00:31:21.654

so I am just if you could give the okay,

236

00:31:21.684 --> 00:31:35.424

can you give the audience a general overview of some of the work that you have been doing particularly since COVID has been affecting our target population.

237

00:31:35.424 --> 00:31:37.075 **Dr. Ernest Brown**

So, once I am receiving a referral,

238

00:31:37.075 --> 00:31:38.875

The first part is obviously,

239

00:31:39.115 --> 00:31:45.474

getting background on the persons that needed the consultation.

240

00:31:45.474 --> 00:31:50.755

So I first of all, I reach out to those parties who have more information either.

241

00:31:50.755 --> 00:32:05.394

We set up an email or conference call to discuss first and then getting that background information gives me a sense of how I am able to intervene specifically for COVID-19.

242

00:32:05.815 --> 00:32:09.984

I look, I am in the front line for COVID-19 for my patients as well.

243

00:32:09.984 --> 00:32:10.375

So,



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244

00:32:10.704 --> 00:32:14.125

It is really been evaluating first and foremost,

245

00:32:14.125 --> 00:32:18.174

in terms of the testing that is was problematic at first,

246

00:32:18.204 --> 00:32:22.795

but certainly has been improved but then really the course of,

247

00:32:23.365 --> 00:32:23.755

you know,

248

00:32:24.595 --> 00:32:26.694

how people are responding to the infection.

249

00:32:26.815 --> 00:32:40.345

Certainly, if this has impacted everybody, not only for individuals, but also for my patients, geriatric patient, some long term care facilities that have been impacted tremendously.

250

00:32:40.944 --> 00:32:41.934

And so,

251

00:32:41.934 --> 00:32:44.724

when a referral comes in for specifically for COVID-19,

252

00:32:44.724 --> 00:32:47.394

getting the background information,

253

00:32:47.424 --> 00:32:56.424



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and then initially I was able to go every time a console came in to the hospital to lay eyes and speak with the clinical team.

254

00:32:57.565 --> 00:33:10.075

Unfortunately, what HAS transpired is that there has been a general lockdown so when I had access previously, I do not have access now. So everything is dependent upon communications remotely. In some cases,

255

00:33:10.075 --> 00:33:23.365

those communications have occurred without much delay. Even now, it has been problematic, but the team at DDS has been working round the clock to make sure that we are on top of what is going on.

256

00:33:23.365 --> 00:33:29.664

And more importantly how individuals are responding while they are hospitalized.

257

00:33:29.664 --> 00:33:38.724

But for those who are recovering their entry back home, or to any of the providers, I would say there has been a lot of complexity.

258

00:33:38.724 --> 00:33:48.325

The COVID-19 pandemic has certainly begged some questions, you know about where do we go from here.

259

00:33:48.809 --> 00:34:01.075

We are continuing to learn about this virus and over time I think we will have a better understanding of what course of action to take.

260

00:34:01.585 --> 00:34:14.335

But, you know, for the, you know, I would say that this infection, there is a, you know, for this population. They are fragile and it has had its consequences.



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261

00:34:14.934 --> 00:34:26.454

And then, for those who are carrying, I cannot express enough for the providers who are then caring for and the direct support staff. You know, my sympathies to those

262

00:34:26.454 --> 00:34:37.494

and it is all of us on the front line, trying to manage this as best we can when we can look in the general public at what the impact is had. So my, you know, not to go on and on.

263

00:34:37.494 --> 00:34:51.204

But my, which I have a tendency to do, but really, it is trying to support in any way that I can. And then, you know, everything is, you know, you know, working with each patient individually.

264

00:34:51.204 --> 00:35:04.135

You cannot say one case is going to be the same as the next, but there are some certain characteristics about this COVID-19 team infection, and some consistencies in the patterns. But we still have a lot more to learn.

265

00:35:07.945 --> 00:35:16.614 **Winslow Woodland:**

Thank you so much Dr. Brown. We have a question about the retainer rate right. Before we get there, any questions for Dr. Brown.

266

00:35:18.474 --> 00:35:32.394

Are there specific questions regarding Dr. Brown or for Dr. Brown. I am sorry not regard but for.

267

00:35:32.394 --> 00:35:38.364 **Question:**

Has the retainer rate for day programs been finalized? Yes.

268

00:35:39.894 --> 00:35:43.105 **Question:**

Can you provide clarification on what is needed in order amend the ISP to



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269

00:35:44.304 --> 00:35:48.594

approve providing affiliated services remotely excluding PT

270

00:35:49.195 --> 00:35:56.514

which has been discussed earlier? We are getting conflicting information on what we need to do in addition to getting approval of the team.

271

00:35:57.385 --> 00:36:00.355 **Winslow Woodland:**

So, this question is a recurring question

272

00:36:00.414 --> 00:36:03.295

and I believe also receive or,

273

00:36:03.324 --> 00:36:04.074

I am sorry,

274

00:36:04.255 --> 00:36:16.614

An email from the provider on this and sort of generally the request was all services should be able to be provided remotely.

275

00:36:16.945 --> 00:36:30.894

And I said time and again that I am not willing to take that position without ensuring that the team has looked at the individual people have complex

276

00:36:31.585 --> 00:36:39.864

clinical needs and because of those complex clinical needs.

277

00:36:40.344 --> 00:36:54.985



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The individual case would need to be considered. The person would need to be willing to receive the services remotely and able to receive the services remotely as well as

278

00:36:56.425 --> 00:36:59.605

the team and or guardian supporting.

279

00:36:59.605 --> 00:37:11.755

The person agrees with that. So, I will take a call at 202-730-1618 to talk about it again. I will take that call

280

00:37:18.295 --> 00:37:27.295 **Question:**

How many cases had Dr. Brown been involved with of people who are hospitalized?

**Winslow Woodland:** The question is directed at Dr. Brown,

281

00:37:27.295 --> 00:37:39.804

but as I stated before, I do not see that question really being specifically beneficial to this group and I will take a phone call or direct request for that information.

282

00:37:41.844 --> 00:37:53.514 Crystal Thomas:

Are there any other questions, please type that into the chat box and we will hold.

283

00:38:46.704 --> 00:38:56.875 **Winslow Woodland:**

Seems though we do not have any more questions. I just like to once again express our deepest appreciate for our provider community,

284

00:38:57.324 --> 00:39:05.094

our community based advocacy groups and self-advocates to project action, yeah, a great call.

285

00:39:05.094 --> 00:39:19.224



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Last week, external stakeholders our partners with DHCF, DC Health, the Department of Behavioral Health and other DC based groups.

286

00:39:19.710 --> 00:39:29.034

Also like to give a special shout out to the DDS staff who has been working in this change the environment and

287

00:39:30.085 --> 00:39:36.864

just everyone stay safe, take care of your heart, your head and your mind.

288

00:39:37.014 --> 00:39:49.315

I am sorry I was trying to be poetic. Take care of your heart and your spirit and your mind, drink plenty of water, wash hands, social distance and enjoy life as best as you can.

289

00:39:49.375 --> 00:39:57.594

Oh yeah and where your face covers in public. We will see you next week at twelve PM, Thank you and take care.