



**TRANSCRIPT**  
**COMMUNITY & PROVIDER FORUM: COVID-19**  
October 30, 2020 ▪ 12:00 noon via WebEx

WEBVTT

1  
00:00:15.058 --> 00:00:21.059  
You did.

2  
00:00:21.059 --> 00:00:26.190 **Andrew Reese:**  
Works better if I unmute myself. Good afternoon everyone, this is Andy Reese,

3  
00:00:26.190 --> 00:00:32.340  
Director of the Department on Disability Services.

4  
00:00:33.024 --> 00:00:37.585  
Welcome, I want to first off review our data. One thing

5  
00:00:37.585 --> 00:00:37.914  
I'll let

6  
00:00:37.914 --> 00:00:38.395  
you know

7  
00:00:38.395 --> 00:00:40.104  
up front unfortunately,

8  
00:00:40.795 --> 00:00:44.755  
DC Health is having an all staff meeting today,

9  
00:00:44.755 --> 00:00:47.064  
which conflicts with this and so,

10  
00:00:47.064 --> 00:00:47.935



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unfortunately,

11

00:00:47.935 --> 00:00:52.975

none of the staff who typically join us from DC Health will be with us today.

12

00:00:54.054 --> 00:01:08.905

There was some new guidance issued by DC Health this week regarding visitation in Intermediate Care facilities and I am going to review that guidance in this meeting and hopefully be able to respond to questions

13

00:01:08.905 --> 00:01:14.605

people have. There are additional questions, DC Health will respond to those next Friday.

14

00:01:15.150 --> 00:01:22.500

So, as of today, there have been 258 people

15

00:01:22.500 --> 00:01:30.390

supported by DDS who have tested positive for coronavirus that was an increase this week of two.

16

00:01:30.390 --> 00:01:36.510

We have three people now who are in the hospital, unfortunately.

17

00:01:36.510 --> 00:01:48.239

We also have had 34 people who have been diagnosed with coronavirus who have died,

18

00:01:48.239 --> 00:01:55.980

of those two we have confirmation from Office of the Chief Medical Examiner (OCME). Those deaths were not,

19



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00:01:55.980 --> 00:02:10.530

Um, the caused by coronavirus and we, actually now, have five people who had recovered from coronavirus and subsequently died, in addition to

20

00:02:10.530 --> 00:02:25.164

those two that do not count as coronavirus deaths and so we are still awaiting a final determination from the Office of the Chief Medical Examiner regarding those other five deaths, including the one that just occurred

21

00:02:25.164 --> 00:02:28.194

yesterday. There were

22

00:02:28.620 --> 00:02:36.300

139 people

23

00:02:37.379 --> 00:02:44.759

and I'm sorry, I should have reduced that by one, 138 people who required no inpatient care

24

00:02:44.759 --> 00:02:53.580

only changing it, because the total comes up to 258 and the person who died had not required inpatient care

25

00:02:54.175 --> 00:03:03.175

and 82 people who did require in patient care and had been subsequently discharged from the hospital. In terms of placement type,

26

00:03:03.175 --> 00:03:15.715

we have had four people in Host Homes who have contracted coronavirus, 86 in Intermediate Care facilities, 25 in Natural Homes,

27



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00:03:18.120 --> 00:03:22.560  
two in a Nursing Home, 27

28  
00:03:22.560 --> 00:03:29.879  
in a Host Home and 114 who were in Supported Living.

29  
00:03:29.879 --> 00:03:33.894  
For people who are tracking this week-to-week and notice a discrepancy,

30  
00:03:34.224 --> 00:03:44.935  
there is a person who I had listed as being in a Natural Home who actually moved at the right  
around the time they were diagnosed,

31  
00:03:44.935 --> 00:03:56.965  
but they were actually in a Supported Living placement at the time they were diagnosed. So  
that's why that number went down and Supported Living went up by three this week even  
though we only added two people.

32  
00:03:57.750 --> 00:04:03.810  
Um, Amongst provider staff, there have been 349 staff

33  
00:04:03.810 --> 00:04:11.759  
who have tested positive including four this week, 30 of those work at more than one agency

34  
00:04:11.759 --> 00:04:15.870  
and sadly, there have been 8 deaths among provider staff.

35  
00:04:22.050 --> 00:04:25.110  
Uh, There was a question regarding Residential Habilitation.

36



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00:04:25.110 --> 00:04:30.899

Oh, I said Host Home I'm very sorry so, 27 for Residential Habilitation, that is correct.

37

00:04:37.048 --> 00:04:43.288

So, on the 27th

38

00:04:43.288 --> 00:04:56.278

Um, DC Health updated their guidance or issued new guidance regarding visitation, indoor visitation

39

00:04:56.278 --> 00:05:02.098

in Intermediate Care facilities

40

00:05:02.098 --> 00:05:06.178

and they reviewed, so I'm just going to walk through this with people.

41

00:05:06.178 --> 00:05:14.759

This is posted on the Mayor's website: [coronavirus.dc.gov](https://coronavirus.dc.gov).

42

00:05:14.759 --> 00:05:19.499

I'll need to check to confirm that it's on our website. If it is not yet it will be.

43

00:05:19.499 --> 00:05:25.978

We do post all the DC Health guidance related to people supported by DDA on our website.

44

00:05:25.978 --> 00:05:34.619

So, they are allowing for indoor visitation in Intermediate Care facilities.

45

00:05:34.619 --> 00:05:47.454



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However, the very first provision is to clarify outdoor visitation is still preferred and that's true. In every instance, I mean, that's also true. It doesn't say it here.

46  
00:05:47.663 --> 00:05:48.744  
I'll just repeat it,

47  
00:05:50.244 --> 00:06:01.944  
because it is important to keep this in mind that it is preferred in a Residential Habilitation placement and Supported Living for any of us is if we have people over to the house,

48  
00:06:01.944 --> 00:06:03.413  
we should have them in the backyard,

49  
00:06:03.774 --> 00:06:08.093  
as opposed to or in in some place outside,

50  
00:06:08.303 --> 00:06:19.343  
because being outside and maintaining appropriate physical distance and having face covering is the safest in terms of interacting with people.

51  
00:06:22.824 --> 00:06:37.254  
Any ICF that plans to have visitation they must ensure that there has not been that no one who lives at the ICF at that time currently has coronavirus

52  
00:06:37.254 --> 00:06:40.403  
or any direct care staff.

53  
00:06:40.733 --> 00:06:54.954  
So, there must not be any cases of COVID at the ICF for the two weeks prior to any visitation occurring amongst staff visitors to the home or people who live there.



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54

00:06:55.613 --> 00:07:04.223

So, there must not have been any outbreaks of any kind at the home in the two weeks prior to any visit occurring

55

00:07:04.528 --> 00:07:13.649

and there must not currently be any people at the ICF who are under quarantine or isolation. So,

56

00:07:14.814 --> 00:07:29.783

you know, if they have suspected coronavirus or if they have had a direct contact exposure with a person with coronavirus and are being quarantined if someone in the home is being quarantined, the home should not have visitors in the home.

57

00:07:30.418 --> 00:07:40.949

And also, the ICF must not be undergoing testing related to any outbreak. Lastly, the

58

00:07:40.949 --> 00:07:51.744

ICF should ensure that they have a 14-day supply of all the PPE that they would need should there be an outbreak related to the visit occurring.

59

00:07:51.983 --> 00:07:59.184

So, they just need to make sure that they have on hand all the PPE they would need should they have a person test positive.

60

00:08:00.954 --> 00:08:04.584

Prior to initiating indoor visits,

61

00:08:05.543 --> 00:08:16.403

Intermediate Care facility should notify families that indoor visitation is occurring at the ICF and that notification should include



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62

00:08:20.184 --> 00:08:30.954

the precautions that are being taken to ensure that the ICF remains safe and COVID free. The expectations and the requirements for the visits occurring,

63

00:08:31.014 --> 00:08:37.134

at the very least you should include a description of the screening process that's done when the people come,

64

00:08:37.134 --> 00:08:52.134

so that they're clear about what's going to happen when they come and all terms of indoor and visitation, including the requirement that people wear a mask that they maintain social distancing, how to get in touch with staff

65

00:08:52.134 --> 00:08:58.583

if they need them while they're there and what would cause a visitor to be denied entry should they arrive and

66

00:08:59.068 --> 00:09:05.759

an issue were raised in the screening process. As well as what steps the visitor should take

67

00:09:05.759 --> 00:09:15.239

before and upon arrival and during their visit. Things, such as, you know, everyone's required to wash their hands when they get there, they are screened.

68

00:09:15.239 --> 00:09:30.203

Um, They need to confirm that they haven't I'll go over those in a minute, but, you know, that, that, that they're not currently required to be quarantining, because they've been in one of the states that are identified on that list or that they've had contact with anyone.

69

00:09:30.413 --> 00:09:31.553

So just review,





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00:09:32.068 --> 00:09:36.599

send something out that lets people know here are the conditions under which we can have

71

00:09:36.599 --> 00:09:47.759

visitation. So, when indoor visitation begins, it should be limited to

72

00:09:47.759 --> 00:09:54.958

people who are able to comply with the requirement to wear a mask and to maintain social distancing.

73

00:09:54.958 --> 00:10:01.589

Keep in mind masks are required for everyone including the person that lives at the ICF

74

00:10:01.589 --> 00:10:14.274

when the visits are occurring. So, when the visit occurs everyone should have on a mask because the people visiting the ICF don't are not household members of the person at the Intermediate Care facility.

75

00:10:14.543 --> 00:10:27.234

Do you recall Daryl has reviewed this several times reminding people that it is okay for people who live in any Intermediate Care facility not to have on a face covering typically,

76

00:10:27.719 --> 00:10:39.928

because amongst household members, we don't have to have that concern, but as soon as you introduce a guest even if it's a family member, everyone must have on face covering because they are not household members.

77

00:10:41.188 --> 00:10:48.719

Only one visitor per person living at the ICF at one time



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78

00:10:49.793 --> 00:11:01.014

and given that they are indoor visits and that you're maintaining 6 feet of distance. I'm not sure that's unreasonable even in terms of space restrictions that exist.

79

00:11:02.004 --> 00:11:16.283

Make sure that people are not congregating in the area used for indoor visits, require that visits be scheduled to make sure that the home can accommodate people when they want to come.

80

00:11:16.313 --> 00:11:18.533

So that people can't have drop in visits

81

00:11:19.288 --> 00:11:22.828

Um, and the screening that occurs for

82

00:11:22.828 --> 00:11:30.269

visitors who come to the home needs to include a temperature check, a symptom screening,

83

00:11:30.269 --> 00:11:41.759

ensure that the person is symptom free, fever free that they've had no known exposure to someone with COVID-19 in the past 14 days

84

00:11:41.759 --> 00:11:48.119

and that visitors. You need to check to make sure that they have not been

85

00:11:48.119 --> 00:11:53.129

that they have not had non-essential travel to a high-risk state

86

00:11:53.129 --> 00:11:59.038

and you can get the list of high-risk states at [coronavirus.dc.gov](https://coronavirus.dc.gov),



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87

00:12:00.774 --> 00:12:13.104

it is updated weekly. It currently includes, I believe it's 30 States. It includes almost the entire United States, except for I know Virginia and Maryland are not listed and confirm that

88

00:12:13.104 --> 00:12:18.984

they have not traveled to a level 3 high risk country outside the United States as well.

89

00:12:20.724 --> 00:12:33.923

There is guidance on the screening tool that can also be found at [coronavirus.dc.gov](https://coronavirus.dc.gov). You need to make sure that the visitor has a face mask or cloth face covering that they can use

90

00:12:34.678 --> 00:12:40.379

and make sure that it's one that's appropriate. We have had training for all

91

00:12:40.734 --> 00:12:53.153

for provider staff, about what that means, but I see a lot of people with face coverings that have this this valve on the side that I always look at and think oh, that looks good because it won't fog got my glasses.

92

00:12:53.183 --> 00:13:06.953

It also will allow virus to escape the masks, so those face coverings that have that valve are not considered safe and should not be used. People can refer to the training that Michael Sigleman did for their staff

93

00:13:06.953 --> 00:13:09.774

and I believe that training is also posted on our website.

94

00:13:10.438 --> 00:13:18.149

Ensure that the visitor washes their hands upon enter or does hand hygiene upon entering and exiting



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95

00:13:18.149 --> 00:13:28.558

the home. Collect full names of any visitors that come and contact information and keep that for 30 days

96

00:13:28.558 --> 00:13:32.729

to assist in the event there's any need for contact tracing.

97

00:13:32.729 --> 00:13:43.288

And, of course, don't allow anyone who will not comply with all of the screening requirements should not to come to a visit.

98

00:13:43.288 --> 00:13:46.499

During the visit,

99

00:13:46.499 --> 00:13:58.499

visitors need to wear cloth face covering or face mask during the entire visit and maintain 6 feet of physical distance between people.

100

00:13:58.499 --> 00:14:10.708

There must be and this was outlined in all of our guidance about visitation in any kind of place, that if you're going to visit inside, you should identify a designated area

101

00:14:10.708 --> 00:14:19.139

and the visitor should just be in that area where, you know, they shouldn't be in walking around the home while they're there.

102

00:14:21.053 --> 00:14:35.482

And the person, as I said, who lives at the ICF must wear a cloth face covering at all times during the visit as well keeping in mind that only a person who's able to remove a face covering should have a face covering on.



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103

00:14:38.844 --> 00:14:49.884

And make sure that indoor visitation is occurring in a space that allows for adequate physical distance that there's proper ventilation

104

00:14:50.933 --> 00:15:05.303

and that at that time it's an isolated place, So, that the person and their visitor will be in the space on their own that you don't have other people going in and out of that space other than needed staff.

105

00:15:06.264 --> 00:15:17.453

But other residents, other people that live in the home should not be, it should not be an area that they need to use at the time. Visits should be limited to an hour.

106

00:15:18.714 --> 00:15:23.874

If the visit occurs in a person's room, it's important that just that person be there not their roommate.

107

00:15:27.203 --> 00:15:37.913

And there shouldn't, the visit should not include things that will require removing the masks such as having a meal with the person or drinking. After the visit is over

108

00:15:37.943 --> 00:15:47.964

it is essential to make sure that you clean and disinfect the area where the visit occurred or if it was in their room, the person's room before their room is allowed to return.

109

00:15:48.568 --> 00:15:59.698

Any high touch surfaces in the home that could have that that were within the space of where they visited need to be cleaned like, light switches for example.

110

00:16:00.719 --> 00:16:09.599



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And, um, you know, they also have a reference in here those high touch areas ought to be cleaned at least once every shift anyway.

111

00:16:11.844 --> 00:16:15.173

If there is an incidence of COVID exposure,

112

00:16:15.864 --> 00:16:18.563

visitors should notify the

113

00:16:18.594 --> 00:16:30.384

or they should be asked to notify and they should notify the Intermediate Care facility staff if they develop symptoms or test positive for COVID within 14 days of their visit

114

00:16:30.688 --> 00:16:38.219

and staff should also notify any visitors of any outbreaks at the home

115

00:16:38.219 --> 00:16:45.269

should they occur within 14 days of a visit and recommend that the visitor seek testing.

116

00:16:45.269 --> 00:16:57.899

The exclusion is just visitors who cannot comply with face covering, social distancing and other requirements cannot participate in indoor or outdoor visitation.

117

00:16:57.899 --> 00:17:08.189

Um, I think that's pretty detailed, so I will see if there are questions about that. Someone posted all the States, I see.

118

00:17:08.189 --> 00:17:14.759

Keep in mind, that's the States today and that should be updated. That is updated weekly.



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119  
00:17:14.759 --> 00:17:18.209  
Um, so, um

120  
00:17:18.209 --> 00:17:23.638  
Please make sure that you're checking that as you're as you are updating your screening and

121  
00:17:23.903 --> 00:17:37.794  
protocol. Oh, okay. So, there's a question here.

122  
00:17:38.064 --> 00:17:48.324 **Question:**  
The guidance says that restrictions on visitation do not apply to compassionate care situations and essential visitors are personnel as defined by the Mayor's order.

123  
00:17:48.564 --> 00:18:03.054  
I'm trying to understand that question and how that sentence impacts the scope of the guidance does DDS understand the guidance to say the indoor visitation can occur in situations other than primarily compassionate care?

**Andrew Reese:**

Absolutely

124  
00:18:03.054 --> 00:18:09.384  
Yes. That sentence regarding compassionate care,

125  
00:18:11.729 --> 00:18:17.669  
if I'm not mistaken, let me find it real quickly. Um.

126  
00:18:27.358 --> 00:18:32.699  
Yeah, so the restrictions that exist here.



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127

00:18:35.933 --> 00:18:41.784

If you're considering the compassionate care exceptions to the visitation policy,

128

00:18:41.933 --> 00:18:46.523

you'd go back and look at the original policy

129

00:18:46.644 --> 00:18:47.993

which identified,

130

00:18:48.173 --> 00:18:48.443

you know,

131

00:18:48.443 --> 00:18:51.473

because you can then go visit with the person in their room.

132

00:18:52.493 --> 00:19:02.034

If a person has a visitor and it's under that compassionate care exception.

133

00:19:02.243 --> 00:19:08.034

You certainly do not expect to have to put a mask on a person who's being visited in those circumstances.

134

00:19:09.328 --> 00:19:15.659

It's that kind of an issue. So as a follow up, which I think is a

135

00:19:16.463 --> 00:19:31.344

is exactly understanding sort of where this is going. If a person living at an ICF cannot wear a mask, because they cannot independently remove it are they permitted to have indoor visitors?





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**Andrew Reese:**

The way I read this,

136

00:19:31.673 --> 00:19:35.963

I would say no, and I will ask that DC Health

137

00:19:37.104 --> 00:19:46.854

clarify whether that's an accurate read of this. The concern they have is clearly when you're inside the risk of transmission is greater

138

00:19:46.973 --> 00:19:59.513

and so, if you have a person who cannot wear a mask visiting with them indoors is too greater risk and so those visits should continue to occur outdoors unless it was compassionate care.

139

00:19:59.874 --> 00:20:07.163

That's how I read all of these together and we will see if DC Health agrees with that interpretation.

140

00:20:10.169 --> 00:20:21.419 **Kirk Dobson:**

Director Reese can I interrupt for a second, can we just remind people to please send all comments and questions to the everyone tab on the chat box so that everyone can receive the questions. Thank you.

141

00:20:27.263 --> 00:20:39.953 **Andrew Reese:**

So, I don't see any other questions. So, at this time I'm going to ask Chanelle and Crystal to provide an update regarding our IDD Waiver renewal.

142

00:20:39.983 --> 00:20:48.683

There have been some questions about assistive technology and how that's going to work. I mentioned last week that we did not get,



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143

00:20:48.989 --> 00:21:01.199

Um, all of the amendments that we saw it and so Chanelle and Crystal can describe how it works in what was approved by the Centers for Medicare and Medicaid Services.

144

00:21:04.858 --> 00:21:09.239 **Chanelle Parkar:**

Good afternoon everyone, this is Chanelle Parkar.

145

00:21:09.239 --> 00:21:18.358

With the amendment that we that approved in IFS waiver, we were able to include a list of

146

00:21:18.894 --> 00:21:26.394

allowable assistive technology items that were not previously included in our assistive technology service. I'll start with that

147

00:21:26.394 --> 00:21:34.794

and then we'll go into provider qualifications and what services, there's three parts to assistive technology

148

00:21:34.794 --> 00:21:35.993

and we'll talk about those three parts,

149

00:21:35.993 --> 00:21:44.483

but I just want to give you guys the list of items that are able to purchase, remotes and switches, service animals, mobile applications,

150

00:21:44.544 --> 00:21:47.993

smart hand devices for completing activities of daily living,

151

00:21:48.328 --> 00:21:56.578



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electronic motion sensor devices, door alarms, web cameras, telephones with modifications such as large numbers,

152

00:21:56.578 --> 00:22:03.449

telephones with flashing lights, phones equipped with picture buttons program with that person's phone number,

153

00:22:03.449 --> 00:22:12.568

devices that may be affix to a wheelchair or walker to pin an alert when someone's fall. This is different than what is available under purview.

154

00:22:12.568 --> 00:22:18.358

Text Texting speech software devices that enhance images for people with low vision,

155

00:22:18.358 --> 00:22:24.689

intercom systems and other devices to enhance mobility and assist with performing daily task.

156

00:22:24.689 --> 00:22:35.519

So, with in order to receive assistance technology through the waiver, of course, you must exhaust the state plan and then the service has to be recommended by the person's support team

157

00:22:35.519 --> 00:22:38.669

or physicians order could

158

00:22:38.669 --> 00:22:42.509

be given as well, but the physician's order is not necessary.

159

00:22:42.509 --> 00:22:51.838



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So, the type of professionals that can provide the service are your Occupational Therapists, Physical Therapists, your Speech Inherent and Language Therapist,

160

00:22:51.838 --> 00:23:03.749

and Assist of Tech Professionals who are certified through the Rehabilitation Engineering and Assistive Technology Society of North America or another comparable National Accreditation body

161

00:23:03.749 --> 00:23:09.628

and then another provider type are your RSA vendors.

162

00:23:09.628 --> 00:23:20.729

Now, when it comes to the three parts of their assistive technology approval, once your team has recommended that you receive the service, you have to start with a assistive technology assessment

163

00:23:20.729 --> 00:23:33.538

and during that assessment, there's a four hours comprehensive assessment done and that is where they develop and implement your plan, the plan for assistive technology and that

164

00:23:33.538 --> 00:23:41.909

assessment will also include the recommended assistance technology goods that you need to purchase. So, once you've gone through your assessment then you would

165

00:23:41.909 --> 00:23:49.913

receive a service authorization for the goods and services and the good and services are listed on the other items listed earlier

166

00:23:49.913 --> 00:24:01.614

and they're also within the waiver amendment. Then there's the ongoing support and services piece of assistive technology that is your training and your technical assistance for the person,



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167

00:24:01.794 --> 00:24:08.544

the person providing unpaid support for the person or people who provide services to employ the person.

168

00:24:09.028 --> 00:24:14.128

So those are the three parts and again, those are the three separate service authorizations

169

00:24:14.128 --> 00:24:23.278

for assistive technology. We currently have a list of all of our providers on our website and I'm going to put it in the chat box.

170

00:24:45.118 --> 00:24:48.749 **Andrew Reese:**

Thank you Chanelle.

171

00:24:52.493 --> 00:24:58.253 **Crystal Thomas:**

Andy I also Hi, this is, um, Crystal Thomas.

172

00:24:58.253 --> 00:25:10.374

I also wanted to just announce in a press release is posted to our website as well as an announcement went out to our E-blast.

173

00:25:10.943 --> 00:25:25.763

So, folks should have release or received, excuse me, the announcement and reminder of our IFS as well as the ID amendment being launched November 1st.

174

00:25:25.979 --> 00:25:29.818

So, I wanted to highlight that.

175

00:25:37.344 --> 00:25:49.554 **Andrew Reese:**



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We should also call people's attention Kirk to the guidance that we sent out today because the turnaround time is very short. We just received this yesterday.

176

00:25:49.703 --> 00:26:02.993

We either sent it yesterday or today regarding registering for the related to the, when vaccine becomes available. Kirk, can you speak to that a little bit,

177

00:26:02.993 --> 00:26:06.114

because the deadline is like early next week.

178

00:26:06.388 --> 00:26:20.398

And as I say, we received it yesterday, so we got it out to you as soon as we saw it. But if you could speak to what, what was sent to people and what follow up, they what follow up they ought to be taking.

179

00:26:21.898 --> 00:26:27.719 **Kirk Dobson:**

Sure, Director Reese, so this is regarding

180

00:26:27.719 --> 00:26:33.449

I just wanted to be clear, this is regarding ICF participation in the pharmacy partnership for Long Term Care program.

181

00:26:33.449 --> 00:26:39.653 **Andrew Reese:**

Correct.

**Kirk Dobson:**

So, yes, the email went out to ICF providers of this morning, just kind of highlighting that

182

00:26:39.713 --> 00:26:47.723

the CDC is kind of clarified who is eligible to participate in the pharmacy partnership for Long Term Care program,



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183  
00:26:48.894 --> 00:26:51.564  
which basically it offers on sites

184  
00:26:51.594 --> 00:26:51.953  
COVID-19

185  
00:26:52.733 --> 00:27:02.003  
vaccination services for residents of ICF, Nursing Homes and Assisted Living facilities when it is recommended for them in the future, hopefully their future.

186  
00:27:02.513 --> 00:27:09.173  
And so, CMS basically posted that information to their website as well as provide additional links.

187  
00:27:10.378 --> 00:27:14.368  
For outreach, um, for outreach for this

188  
00:27:14.368 --> 00:27:20.574  
particular program and so providers should really, an ICF providers should really read what was sent this morning.

189  
00:27:20.963 --> 00:27:35.903  
If you have not, are an ICF provider have not ICF provider have not received an email from me this morning or from the Quality Assurance and Performance Management Administration (QAPMA) email blasts, please reach out to me directly, [kirk.dobson@dc.gov](mailto:kirk.dobson@dc.gov)

190  
00:27:36.443 --> 00:27:51.023  
and I'll also post them into the chat box and I'll forward it to you. ICF providers must be enrolled in the NHSN Long Term Care facility COVID-19 module to be eligible.

191



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00:27:51.324 --> 00:28:01.374

So, that information can be found at the CDC website, which I will also provide a link in below for all providers. So, I just wanted to clarify. So currently,

192

00:28:02.038 --> 00:28:16.374

Sorry, currently the CDC's guidance for the pharmacy partnership for Long Term Care program specifies only for Assisted Living and Nursing facilities, however, it has been clarified that ICFs are also eligible.

193

00:28:16.673 --> 00:28:23.064

And so, we encourage you to visit the website link that I will send below or look through the email that was forwarded this morning.

194

00:28:24.719 --> 00:28:30.388 **Andrew Reese:**

And to do so very soon, because if I'm not mistaken isn't the deadline Monday?

195

00:28:32.519 --> 00:28:39.088 **Kirk Dobson:**

It will close in November 2nd, so it is, yes it is Monday.

196

00:28:45.538 --> 00:28:48.868

So, I'm posting those links right now.

197

00:28:48.868 --> 00:29:03.509 **Question:**

So, Does DDS have any advice or instruction on responses preparation for possible civil unrest related to the election?

198

00:29:06.384 --> 00:29:16.913 **Andrew Reese:**

No, to the extent that does go out I expect that the Mayor will send something out to all of us. I am aware and this is, you know, this was posted publicly.

199

00:29:16.913 --> 00:29:31.614





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I know that a lot of streets around the White House on Tuesday will be closed. So, access to streets right downtown near the White House will be quite limited on Tuesday. I think

200

00:29:31.919 --> 00:29:37.588

we should all just be hoping for a very clear result and no unrest.

201

00:29:37.588 --> 00:29:41.429

You know, I so

202

00:29:41.429 --> 00:29:45.568

that's.

203

00:29:49.949 --> 00:29:55.048 **Question:**

What is the policy regarding a person

204

00:29:55.048 --> 00:30:02.548

wanting a home visit?

**Andrew Reese:**

So, if a person wants to go on a visit,

205

00:30:02.548 --> 00:30:06.959

I mean, I, it depends.

206

00:30:06.959 --> 00:30:12.479

If we're talking about a person in an Intermediate Care facility versus other folks.

207

00:30:12.653 --> 00:30:25.733

As we've said, the limitations for people in Intermediate Care facilities are a bit different, but there's maybe someone can tell me if I'm wrong.



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208

00:30:25.733 --> 00:30:29.693

I can't think of what kind of a limitation there would be.

209

00:30:31.259 --> 00:30:37.469

Keeping in mind, for example, if I

210

00:30:37.469 --> 00:30:45.929

live with three other people or if I live with one other person and I

211

00:30:47.009 --> 00:30:52.709

travel out to work every day, I go to

212

00:30:52.709 --> 00:31:06.419

go out to dinner and eat inside restaurants or bars were open and I choose to go to the bar or, you know, I have a family reunion and I want to go to the family reunion.

213

00:31:06.419 --> 00:31:16.648

I think that those are the kinds of conversations that I would have with the people I live with, because while

214

00:31:17.124 --> 00:31:24.864

I am and should be free to make determinations about my own risk.

215

00:31:25.253 --> 00:31:37.374

When I come back home there may be people who come to work there to support me or who also live there with me, who have not made that same decision

216

00:31:37.644 --> 00:31:49.074



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and so there with them as a household, there may need to be a discussion about that. So, I also think like, if you're talking about a visit, like

217

00:31:50.729 --> 00:31:57.148

you know, the family is going to have a birthday party for someone. Well, that would really concern me.

218

00:31:57.148 --> 00:32:01.858

But those are the kinds of things where there's a discussion,

219

00:32:01.858 --> 00:32:10.888

because it may be that you choose to go, but you're going to come home and quarantine for two weeks.

220

00:32:10.888 --> 00:32:24.898

Because, you know, you've been, you've placed yourself potentially at risk and you live with a person who doesn't want to be placed at risk. So, all of those are there isn't a policy saying

221

00:32:24.898 --> 00:32:35.189

you can do this, you can't do that. We have I have those numbers right here. 900 some people who live in Supported Living placements.

222

00:32:35.189 --> 00:32:40.739

Many if not most of those are sharing

223

00:32:40.739 --> 00:32:53.483

a home with someone else. We have a little over 100 people who live in Residential Habilitation placements where they're sharing a home with up to four people in some instances five or six.

224

00:32:53.483 --> 00:32:59.993



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And then, of course, we have close to 300 people living in Intermediate Care facilities. And

225

00:33:01.618 --> 00:33:15.358

you know, when a person makes a decision like this, their decision has implications not just for themselves, but then for the other people that they come in contact with. And so,

226

00:33:15.358 --> 00:33:20.429

you know, we can go back and revisit sort of the

227

00:33:20.429 --> 00:33:22.733

Phase 2 reopening guidance,

228

00:33:22.763 --> 00:33:28.943

which speaks to the fact that people can go out but at the same time as people go out

229

00:33:29.213 --> 00:33:32.034

they do need to be having discussions because,

230

00:33:32.304 --> 00:33:32.604

you know,

231

00:33:32.604 --> 00:33:34.943

in the instance where they live with another person

232

00:33:35.183 --> 00:33:39.023

or where they have a staff person who's in their home every day

233

00:33:40.348 --> 00:33:45.898

you know, just having discussions about what will the implications for that person be.



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234

00:33:45.898 --> 00:33:50.338

A staff person who sees someone go on

235

00:33:50.338 --> 00:34:03.028

out of town travel may decide that they need to use full PPE until this person self-quarantines, because they feel like they've put themselves at very high risk and they'll talk through

236

00:34:03.028 --> 00:34:08.458

what, you know, what the decisions of the people around you would be should you go on the visit.

237

00:34:18.898 --> 00:34:24.838 **Comment:**

There is a comment here please vote everyone,

238

00:34:24.838 --> 00:34:29.458

because I do think and overwhelming result

239

00:34:31.648 --> 00:34:35.759

on that day either way will likely

240

00:34:35.759 --> 00:34:40.079

limit any potential unrest.

241

00:34:44.458 --> 00:34:50.818 **Andrew Reese:**

That may be wishful thinking, but I think that this is everyone's opportunity

242

00:34:50.818 --> 00:34:57.688

and let me just say, because I know I had this conversation about a week ago with someone.



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243

00:34:57.688 --> 00:35:02.878

Um, someone who votes every single time knows exactly where to go to vote

244

00:35:02.878 --> 00:35:16.349

and is very committed to voting on election day, because it's very important to this person to vote on election day. And I said, please make sure that you look at the Board of Election's website

245

00:35:16.349 --> 00:35:22.949

and identify where to vote this time,

246

00:35:22.949 --> 00:35:28.764

because the regular voting locations may not be available.

247

00:35:28.974 --> 00:35:38.903

So, as we've all seen in regular or at least I've seen anyway, commercials, plan your vote.

248

00:35:39.233 --> 00:35:48.114

So, if you are someone who wants to vote on Tuesday, because you're very committed to voting on election day, please make sure that, you know, where you're going to vote,

249

00:35:48.293 --> 00:35:55.704

because if you live in the District of Columbia there are a certain number of voting sites where people can go.

250

00:35:56.429 --> 00:36:13.739

Silence.

251

00:36:18.179 --> 00:36:22.108 **Question:**

Oh, there was also I had seen a question someone had



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252

00:36:22.108 --> 00:36:25.318  
regarding, um

253

00:36:25.318 --> 00:36:28.679  
spending funds.

254

00:36:28.679 --> 00:36:34.978  
They, um, the payment that people got from Social Security.

255

00:36:35.483 --> 00:36:48.534 **Andrew Reese:**  
And spending those funds, as people recall, you have a year to spend the funds. Some people say there's been, they've been hearing mixed messages about that. We have provided guidance to all the service coordination staff here.

256

00:36:48.744 --> 00:36:56.454  
We, I think Winslow's met with all of them in their administration meetings to remind them

257

00:36:56.909 --> 00:37:05.818  
and so, they do have that information, will remind them regularly that in terms of monitoring that someone has

258

00:37:05.818 --> 00:37:09.838  
Um, a year to spend that 1200 dollar check.

259

00:37:11.878 --> 00:37:16.798 **Question:**  
We also see the question regarding PPE

260

00:37:17.153 --> 00:37:20.333  
And there is



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261

00:37:20.364 --> 00:37:20.844

I guess

262

00:37:21.264 --> 00:37:22.344

an assumption

263

00:37:22.373 --> 00:37:35.963

or a thought that PPEs are starting to get scarce and whether or not DDS is conveying a shortfall to DC Health on how to access PPE and coordinate it?

264

00:37:36.539 --> 00:37:40.708 **Andrew Reese:**

So, we are not hearing from our providers

265

00:37:40.708 --> 00:37:52.498

and our Quality Resource Specialists are in regular contact with the providers. So, if an individual provider is having an issue, they should let them know. There's not generally

266

00:37:52.498 --> 00:37:56.009

in our area

267

00:37:56.009 --> 00:37:59.728

a shortage of PPE. I've heard that

268

00:37:59.728 --> 00:38:09.838

on the news concern about a shortage, because we're seeing spikes in other parts of the country. But, at this time we are not hearing that there's a shortage of PPE.

269

00:38:11.219 --> 00:38:15.179

So, if we did hear, we would make sure that





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270

00:38:16.530 --> 00:38:22.469

that Health and Emergency Preparation and Response Administration at

271

00:38:22.469 --> 00:38:27.690

DC Health were aware of this and was doing what was necessary to help support folks.

272

00:38:42.114 --> 00:38:46.644 **Kirk Dobson:**

Director Reese, can I just jump in with an announcement for providers in Assistive Technology service for a moment.

273

00:38:49.764 --> 00:38:59.485

So, I just wanted to share some information that I received from the Director of the Healthcare Operations Administration at DCHF on becoming an Assistive Technology Provider.

274

00:38:59.844 --> 00:39:13.074

So, to become an Assistive Technology Provider under the IDD and ISF Waivers, providers need to go into the PMDS system and designate that they would like to become and apply for the Assistive Technology service,

275

00:39:13.465 --> 00:39:24.385

that notification then comes through to us from the maximus and congruence systems at DDS, and we'll review the application for all necessary qualifications and then approve or deny as necessary.

276

00:39:24.655 --> 00:39:39.505

So, I just want to make that clear to become an Assistive Technology Provider, DCHF has advised that you go into the system and apply to becoming an approved Assistive Technology Provider as part of the certification process of services you provide.

277



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00:39:41.969 --> 00:39:45.989

Thank you, thank you Director Reese.

278

00:40:01.945 --> 00:40:10.405 **Andrew Reese:**

I see that someone did post the, the DC Health guidance on ICF and indoor visitation from the coronavirus website

279

00:40:11.039 --> 00:40:20.099

coronavirus@dc.gov website that people can access as I said, if it isn't there, it will be also on our website

280

00:40:20.099 --> 00:40:25.409

soon.

281

00:40:42.025 --> 00:40:49.585 **Question:**

So, there's a question. The vaccination program does not apply to Supported Living or Residential Habilitation? **Andrew Reese:** That is correct.

282

00:40:49.920 --> 00:40:59.760

Um, in fact, the original guidance said Nursing Home and Assisted Living facility and that's the reason we just got the guidance out now, is that we got

283

00:40:59.760 --> 00:41:07.500

and maybe through advocacy on their part clarification from

284

00:41:08.125 --> 00:41:20.335

The National Association of State Directors of Developmental Disability Services we got word yesterday that that was intended to include Intermediate Care facilities as well

285

00:41:20.844 --> 00:41:35.485



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and the reason for that would be that people in Intermediate Care facilities are likely seen as at higher risk for serious outcomes as people may be aware as the District is developing a

286

00:41:35.485 --> 00:41:43.135

plan, a vaccination plan and included in that is the priorities for vaccination,

287

00:41:43.494 --> 00:41:45.324

highest priority being,

288

00:41:47.250 --> 00:41:53.094

essential healthcare employees and then after that it is people who are at highest risk.

289

00:41:53.155 --> 00:42:05.215

And so, we know this is one way to make sure that people who live in Intermediate Care facilities would be able to quickly be able to have access to that vaccination.

290

00:42:06.085 --> 00:42:16.585

We will, of course, be following up with them about how broadly you define people at highest risk and does that apply to other folks but registering for this program

291

00:42:17.010 --> 00:42:24.719

Um, is just for facilities, which includes just the Intermediate Care facilities.

292

00:42:28.170 --> 00:42:31.440

Sorry about that.

293

00:42:54.480 --> 00:43:00.059 **Question:**

So, will our staff be included as essential health care personnel?

294

00:43:00.059 --> 00:43:05.579 **Andrew Reese:**



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Um, I think that we have often

295

00:43:05.579 --> 00:43:20.454

sort of pushed back on the idea, not that our staff are our being provider staff are essential, but healthcare personnel by the definition I've seen have been people who provide care for people with COVID.

296

00:43:22.019 --> 00:43:34.800

You know, that when you look at the distinctions. We can ask DC Health when they're here next week. But I, I do not expect that initially our staff would be included in that,

297

00:43:40.800 --> 00:43:47.969

this is people who are actually, sort of you know, in the hospital working with people who have COVID or in healthcare settings.

298

00:43:57.929 --> 00:44:02.969

And as that date gets closer, I'm quite certain that DC Health will send the

299

00:44:02.969 --> 00:44:13.739

appropriate staff to provide us the update on the District's plan, which is being developed by a committee that

300

00:44:13.739 --> 00:44:16.949

Dr. Nesbitt has brought together.

301

00:44:36.900 --> 00:44:42.150 **Question:**

So, for clarification as a day program, providing virtual services,

302

00:44:42.150 --> 00:44:47.250

will we need to apply to become an Assistive Technology Provider?



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303

00:44:51.570 --> 00:45:06.539

Oh, no, I was trying to figure out the question and I think I understand the question now, which is because you're using technology to provide your service does that qualify as technology service

304

00:45:06.539 --> 00:45:18.389

add to the person. No, the service you're providing to the person is whatever the services so you may be providing for, for example, supported employment

305

00:45:18.389 --> 00:45:29.940

remotely and you know that the person as a tablet, they could communicate with you through the tablet. And so, you know, but that is not

306

00:45:29.940 --> 00:45:33.719

a technology service, the services is the supported employment.

307

00:45:33.719 --> 00:45:40.590

So, no, you would not have to be a technology provider to do that. If, if I'm understanding that question correctly.

308

00:45:48.150 --> 00:45:57.804

The issue with the technology is that our waiver allows for the purchase of up to a certain amount of technology per year for a person

309

00:45:58.014 --> 00:46:00.385

or during the course of the waiver

310

00:46:00.474 --> 00:46:04.105

and maybe Chanelle can jump in and give me those specifics that I should remember

311



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00:46:04.105 --> 00:46:11.364

and don't and so technology purchased for the person would be included in that.

312

00:46:11.670 --> 00:46:24.090

That is the limitation in the waiver is 10,000 dollars over five years for purchase of technology.

313

00:46:25.889 --> 00:46:33.539 **Question:**

Are laptops, tablets or desktops considered and approved Assistive Technology in the waiver?

314

00:46:36.300 --> 00:46:45.030 **Chanelle Parkar:**

Hey Morgan, Winslow copied and paste the allowable items in the

315

00:46:45.030 --> 00:46:52.949

chat box and I'm going to copy and paste again so that you can see what's included for purchase.

316

00:47:11.940 --> 00:47:17.190 **Andrew Reese:**

So, does a laptop or a tablet qualify under that whole list?

317

00:47:17.545 --> 00:47:27.775

If it, I read the list. **Chanelle Parkar:** If it enhances mobility or assist with performing daily task then it would be included.

318

00:47:27.775 --> 00:47:41.545

That's why we left that last sentence there, because this is not an all-inclusive list. But if that laptop purchase assist someone with a form of daily tasks, then that would be approval through the assistive technology. **Andrew Reese:** Perfect.

319

00:47:42.000 --> 00:47:47.280



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So, if the tablet were used to

320

00:47:47.280 --> 00:47:50.969

facilitate that then the tablet would be considered.

321

00:47:50.969 --> 00:47:54.929

Correct. **Chanelle Parkar:** Correct. **Andrew Reese:** which would need to be.

322

00:47:54.929 --> 00:48:00.599

Determined by the interdisciplinary, like, when they're developing the ISP and then

323

00:48:00.599 --> 00:48:04.349

an assessment done and then the equipment purchased.

324

00:48:04.764 --> 00:48:19.074 **Chanelle Parkar:**

Right, yes, when they do the four hours comprehensive assessment, that's when they'll determine exactly what the piece of equipment that they will need and it might not necessarily be a laptop. It might be a specific type of computer,

325

00:48:19.315 --> 00:48:23.784

that's not a laptop, but that computer does certain things to assist a person with certain things.

326

00:48:24.630 --> 00:48:31.440 **Andrew Reese:**

So, Morgan, my, my interpretation would be the most important

327

00:48:31.440 --> 00:48:40.440

Um, item on that list is the last one, other devices to enhance mobility and assist with the performing daily tasks.

328



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00:48:43.710 --> 00:48:47.039  
Silence.

329  
00:49:22.170 --> 00:49:25.980 **Andrew Reese:**  
So, I don't see any other questions.

330  
00:49:25.980 --> 00:49:29.219  
It's five of, so.

331  
00:49:29.219 --> 00:49:33.840  
Certainly, willing to wait the last five minutes. I hope everyone has a wonderful weekend.

332  
00:49:33.840 --> 00:49:39.000  
Um, I hope that everyone either has already voted

333  
00:49:39.000 --> 00:49:45.329  
or goes out to vote on Tuesday and we will be talking next week.

334  
00:49:51.239 --> 00:50:00.300  
So, we'll just leave it live until ones o'clock and if people have questions, please feel free to type them in.

335  
00:50:00.300 --> 00:50:06.869  
But this time I know it's still live, so I won't continue talking until I've actually completely exited.

336  
00:50:22.679 --> 00:50:30.659 **Chanelle Parkar:**  
We also just learned that there's an additional Assistive Technology Provider that was just added at just like, 30 seconds ago.

337





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00:50:30.659 --> 00:50:36.119

So, just to give everyone update a notice about adding an additional Assistive Technology Provider.

338

00:50:44.304 --> 00:50:51.954 **Question:**

So, Chanelle, there's a question it says, who has a four hours required assessment required for Assistive Technology?

339

00:50:54.030 --> 00:50:57.659 **Andrew Reese:**

I assume, you mean who provides that assessment.

340

00:51:00.594 --> 00:51:13.014 **Chanelle Parkar:**

The person who would provide the assessment will be an approved Assistive Technology Assessment Provider. So, currently we have two or three now that we have an additional person one of those three currently approved

341

00:51:13.045 --> 00:51:20.304

and when you look in the drop-down box, and in fact, when the services authorized the provider, one of those three providers would provide the assessment.

342

00:51:44.094 --> 00:51:48.534 **Question:**

It says, where do they get the assessment as we are going to apply?

343

00:51:48.840 --> 00:51:53.550 **Andrew Reese:**

I assume that would depend on which provider was selected.

344

00:52:45.864 --> 00:52:49.105 **Crystal Thomas:**

So, there's a couple of questions, um.

345

00:52:49.199 --> 00:52:55.079 **Question:**

In response to who has the four hours required assessment



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346

00:52:55.079 --> 00:52:59.460

so, that's the clinical assessment from the selected provider

347

00:53:00.510 --> 00:53:03.630

Is with that be Winslow

348

00:53:05.610 --> 00:53:16.889

reported and Is the 10,000 dollars over five years includes staff payment to service train and install technology?

349

00:53:26.724 --> 00:53:41.695 **Chanelle Parkar:**

So, as mentioned before as a three part of the, that's the goods and service is the 10,000, but the ongoing supports and services, which is training or technical assistance that's a separate authorization

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00:53:44.219 --> 00:53:48.599

which provides the technical training and any updates

351

00:53:48.599 --> 00:53:49.795

to the equipment.

352

00:53:49.824 --> 00:54:10.375

353

00:54:13.074 --> 00:54:27.144 **Question:**

Last so, Do OT, PT and speech language professionals have this assessment as we are approved to provide this service and are going to apply? Where did the three providers obtain

354

00:54:27.175 --> 00:54:28.315

the document?

355

00:54:28.619 --> 00:54:34.079 **Andrew Reese:**

So, I guess what they're asking is, can you describe, I mean, the assistive technology assessment

356

00:54:34.079 --> 00:54:38.280

is the purview of the assessment provider

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00:54:38.280 --> 00:54:40.704

or maybe Chanel could speak more to that.

358

00:54:44.934 --> 00:54:55.885 **Kirk Dobson:**

Before Chanelle speaks to that, if I could just jump in and say so, yes, so the qualifications include OT, PT and SOP. I just wanted to make it clear that you have to still apply to be Assistive Technology Provider in the PMDS system.

359

00:54:55.885 --> 00:55:03.355

So, before that's the first step, before you start doing the assessments for individuals who need assistive technology. You just have to become an approved provider of the service.

360

00:55:05.425 --> 00:55:15.474 **Chanelle Parkar:**

Correct, if I can to what Kirk just said, each provider would have their own comprehensive assessment form for this service.

361

00:55:15.474 --> 00:55:21.744

So, if you were asking, is there some, one standard form it just provider specific form.

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00:55:22.079 --> 00:55:27.210

and it's in a comprehensive assessment and that's when I used four hours to determine



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363

00:55:27.210 --> 00:55:34.710

you know, the service delivery method and the recommended assistive technology goods

364

00:55:36.900 --> 00:55:41.340

and they also have to develop an assistive technology plan

365

00:55:41.340 --> 00:55:54.929

during that four hours assessment as well.

**Andrew Reese:**

And I do see a note that the Technology Committee is working on a training to explain the process for assessments and service delivery.

366

00:55:56.099 --> 00:56:08.454

Thank you. Okay, Have a great weekend

367

00:56:08.454 --> 00:56:11.755

everyone! I will talk to you next Friday.